



## Application for Employment

(Print neatly and complete all blanks)

City of Camanche  
818 7th Avenue  
P.O. Box 77  
Camanche, Iowa 52730

www.camancheia.org  
563-259-8342  
563-259-9025 (Fax)

### Personal

Full Name: \_\_\_\_\_  
First Middle Initial Last

Current Address: \_\_\_\_\_  
Number Street City State Zip

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you 18 years of age or older? ☐ Yes ☐ No

Are you a military veteran? ☐ Yes ☐ No

Are you legally able to work in the U.S.? ☐ Yes ☐ No

If yes, date of active duty: \_\_\_\_\_ to \_\_\_\_\_

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application?  
Yes No

If yes, please list: \_\_\_\_\_

### Employment Desired

Job Title: \_\_\_\_\_ Start Date Available: \_\_\_\_\_ Wage Desired: \_\_\_\_\_

Are you available for work: Full-time Part-time Temp Shift Work Seasonal

### Education

Do you have a High School Diploma or High School Equivalency? ☐ Yes ☐ No

Name of last school attended: \_\_\_\_\_  
City State Zip

Last year of school completed: ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 ☐13 ☐14 ☐15 ☐16 ☐17 ☐18

Highest degree earned: ☐ High School Diploma ☐ High School Equivalency ☐ Bachelor's ☐ Master's ☐ PhD ☐ Other: \_\_\_\_\_

Areas of Concentration and/or degree(s), certificate(s), license(s), endorsement(s): \_\_\_\_\_

Other Training or Skills (Factory or Office Machines Operated, Special Courses, Computer Skills, etc.): \_\_\_\_\_

U.S. Military Service \_\_\_\_\_ Rank \_\_\_\_\_ Present Membership in National Guard or Reserves \_\_\_\_\_

EMPLOYMENT HISTORY (most recent 7 years)

Employer Name: Phone Number:

Current Address: Number Street City State Zip

Position Title: Start Date: End Date: Ending Wage:

Supervisor's Name & Title:

Reason for Leaving: May we contact: Yes No

Description of job responsibilities and/or accomplishments:

Employer Name: Phone Number:

Current Address: Number Street City State Zip

Position Title: Start Date: End Date: Ending Wage:

Supervisor's Name & Title:

Reason for Leaving: May we contact: Yes No

Description of job responsibilities and/or accomplishments:

Employer Name: Phone Number:

Current Address: Number Street City State Zip

Position Title: Start Date: End Date: Ending Wage:

Supervisor's Name & Title:

Reason for Leaving: May we contact: Yes No

Description of job responsibilities and/or accomplishments:

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Number Street City State Zip

Position Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Wage: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact: ☐ Yes ☐ No

Description of job responsibilities and/or accomplishments: \_\_\_\_\_

\_\_\_\_\_

## References

Name	_____	Phone Number	_____
Association	_____	Years Acquainted	_____
Name	_____	Phone Number	_____
Association	_____	Years Acquainted	_____
Name	_____	Phone Number	_____
Association	_____	Years Acquainted	_____

*The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability, veteran's status, gender identity or sexual orientation.*

## ADDITIONAL INFORMATION THAT MAKES YOU A GOOD CANDIDATE FOR THIS POSITION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IF I HAVE MISREPRESENTED OR FALSIFIED INFORMATION IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. AT ANY TIME BY THE COMPANY THIS CERTIFICATION IS AMENDED ON THIS APPLICATION PURSUANT TO THE LANGUAGE USED IN THE ATTACHED ADDENDUM.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_