

CITY OF HOLTON

APPLICATION FOR EMPLOYMENT

The following information is requested in order to help us make the best possible placement within the City of Holton. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling in this application form. The City of Holton, in accordance with state and federal laws does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, physical or mental handicap or arrest record. The City of Holton also is required by law by virtue of its contract(s) with the federal government, to take affirmative action to employ women, minorities, otherwise qualified handicapped individuals and Vietnam Era and disabled veterans.

Date: _____ Position Applied For: _____

PERSONAL INFORMATION

Name (First) (Middle) (Last)

Home Address (Street) (City) (State) (zip)

Home Telephone Number Business or Message Number

Social Security Number

Are you over 18 years of age? ___ Yes ___ No

Are you a U.S. citizen or authorized to work in this country? ___ Yes ___ No

Have you ever been convicted of a felony? ___ Yes ___ No

Conviction will not necessarily disqualify an applicant from employment

PERSONAL INFORMATION

Have you ever filed an application with the City of Holton? _____

Have you ever been employed by the City of Holton? _____

Do you have any relatives currently working for the City of Holton? _____
List _____

Are you currently employed? _____

May we contact your present employer? _____

Are you willing to work overtime if required? _____

Are you capable of performing, with or without a reasonable accommodation, the essential functions of the job for which you have applied? _____

Do you have a valid driver's license if the job requires it? _____

Driver's license number: _____ Class: _____

On what date would you be available for work? _____

Are you available to work: ___ Full-time ___ Part-time ___ Shift work ___ Temporary

EDUCATION AND SPECIAL SKILLS

	SCHOOL NAME	ADDRESS	NUMBER OF YEARS	DIPLOMA/ DEGREE
ELEMENTARY	_____	_____	_____	_____

HIGH SCHOOL	_____	_____	_____	_____
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COLLEGE	_____	_____	_____	_____
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OTHER	_____	_____	_____	_____
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OTHER	_____	_____	_____	_____
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Describe any specialized training, apprenticeship and skills, including military experience which may be useful in performing this job

EMPLOYMENT RECORD

Start with your present employer or last job through your last three employers. Please include any job-related military assignments and volunteer activities. You may exclude employers which may indicate race, age, color, religion, sex, national origin, disability, or other protected status.

Employer	Dates Employed From To	Work Performed
Address		
Telephone Number(s)	HourlyRate/Salary - Starting/Final	
Job Title	Supervisor	
Reason for Leaving		

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Employer Dates Employed Work Performed
From To

Address

Telephone Number(s)

HourlyRate/Salary - Starting/Final

Job Title

Supervisor

Reason for Leaving

The City of Holton is committed to a drug-free work force to protect the safety of workers and the public.

It is the policy of the City of Holton that applicants given a conditional offer of employment for a safety-sensitive position take a drug screen to show they are drug free. In order to protect the safety of workers and the public, no applicant whose test shows illegal drug use will be employed by the City of Holton.

It is the policy of the City of Holton to inform applicants of drug screening programs prior to drug tests being conducted. The City of Holton consider drug screening results and medical information provided by applicants as confidential.

As an applicant for an employee in a safety-sensitive position, I affirm that I have read and understand the meaning of the above statement of policy regarding the City of Holton drug screening program. As an applicant, I am aware that my offer of employment is conditional upon the results of a drug screen. As an employee in a safety-sensitive position, I am aware that I may be required to undergo a drug screen based upon reasonable suspicion, that I will be informed prior to the drug screen, and that I may be referred to an education and treatment program depending on the results of the drug screen.

Signature of Applicant

Date

I acknowledge that consideration for employment is contingent on the results of a reference and background check. therefore I hereby authorize the City of Holton to: (1) investigate the truthfulness of all statements made on this application; (2) contact my former employers and other listed references or any other persons who can verify information; (3) discuss the results of any investigation with other employees of the City of Holton involved in the hiring process. In addition, I give my consent for all contacted persons including former employers to provide information concerning this application, and I release each such person from liability for providing information to the City of Holton.

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application in any detail is grounds for disqualification from further consideration or for dismissal from employment in accordance with the City of Holton policy. I agree to conform to the rules and regulations of the City of Holton, and understand that my employment and compensation can be terminated, with or without cause, and with or without notice at any time, at the option of either the City of Holton or myself. I further understand that no personnel recruiting or representative of the City of Holton, other than the City Manager or Department Superintendents, has any authority to enter into any agreement for employment for any specified period of time.

Authorization Signature of Applicant

Date

<u>FOR PERSONNEL USE ONLY</u>	
Position applied for is open: _____ Yes _____ No	
Position considered for: _____	

Arrange interview: _____ Yes _____ No	
Remarks: _____	

Interviewer: _____	Date: _____
Employed: _____ Yes _____ No	Date of Employment: _____
Job Title: _____	Hourly Rate/Salary: _____
By: _____	_____
Name and Title	Date