## CITY OF PLAINFIELD APPLICATION FOR EMPLOYMENT

The City of Plainfield is an Equal Opportunity Employer

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

(Print neatly and complete all blanks)

Auxiliary aids and services are available upon request to individuals with disabilities.

PERSONAL INFORMA	ATION:			
Full Name:First	Middle In	itial	Last	
Current Address:				
Number Stre	et/PO Box	City	State	Zip
Telephone Number:	Social	Security Number:		_
Are you 18 years of age or older?	Yes or N	lo		
Are you legally able to work in the	United States? Y	es or No		
Are you a military Veteran as defi	ned in Iowa Code So	ection 35.1? Yes	or No	
If yes, provide dates of active duty	<b>/</b> :	to		
Have you ever been known by an on this application? Yes	ny other name(s) that or No	t this company will red	quire to verify any o	f the information
If yes, provide all other name(s): _				
POSITION DESIRED:				
Job Title:	Date you ca	ın start:	Wage Desired:	
Are you available for work: Full-	-Time Part-T	ime Shift Work	Seasonal	
EDUCATION:				
Do you have a High School Diplor	ma or GED? Y	es or No	]	
Name of the last school attended:		City:	Stat	te:
Circle Last year of school complet	ted: 6 7 8 9	10 11 12 13 14 15	16 17 18	
Circle the highest degree earned:	High School Diplor	na GED Certificate	AA BD MD PHD	Other

Area of Concentration and/or degre	e(s), certificates, licenses, end	dorsements:		
Other Training or Skills (factory or o	ffice machines operated, spec	·		
EMPLOYMENT HISTOR	RY:			
Former Employment (List employers	, starting with the current or most red	cent. Explain all gaps in time of e	employment.)	
Company Name:		Job Title:		
Address: Number Street	City	State	Zip	
Start Date:	End Date:	Rate of Pay:		
Detailed Job Duties:				
Reason for Leaving:				
Company Name:	Job Title:			
Address: Number Street	City	State	Zip	
Start Date:	End Date:	Rate of Pay:		
Detailed Job Duties:				
Reason for Leaving:				

Company Name:	Job Title:				
Address:Number Street	City	State	 Zip		
Start Date:	End Date:	_ Rate of Pay:			
Detailed Job Duties:					
Reason for Leaving:					
May we contact your former emplo	yers to verify this information?	Yes or No	,		
May we contact your present employee	oyer? Yes or No				
Please provide any additional infor this position:		-			
that all information is true. facts is cause to eliminate t	his application for consider that the City will make a real data given in my application obtain additional informatives to supply any informative written notice of such of the City's review of the city and liability as a contained in this application from any liability as a gulations of the City. I undout cause, and with or with	n or misrepresentate ration or for dismissiful thorough investigate cation for employmention relating to mation concerning had a concerning to application, I release result of furnishing the demployment, I address and that my enderstand the concerning th	tion of these saal. tion of my ent, related y background. my my former ase the City g and of an agree to nployment can		
Signature:		Date:			