



IOWA
ASSOCIATION OF MUNICIPAL
UTILITIES

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Ankeny, Iowa 50021-9353
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Employment Application

Note to Applicant: This application is used to evaluate your qualifications for employment. Please answer all of the questions on your application accurately. If you fail to do so, you may lose employment opportunities or delay consideration of your employment. This application is not an employment contract. All qualified applicants will receive consideration for employment without regard to race, religion, color, national origin, disability, age, sex, or any other classification protected by federal, state, or local laws.

Job applied for _____

PERSONAL INFORMATION

Name _____

Address _____
Street Apt # City State Zip Code

Telephone Number where you can be contacted _____

Are you over 18 years of age? Yes No (If not, birth date: ____/____/____)

Are you eligible for employment in the United States? Yes No

Have you ever been convicted of a criminal offence? Yes No Date _____

Type of Offense _____
 (A conviction record will not necessarily be a bar to employment)

On what date would you be eligible to start? _____

Are you eligible to work: Full Time Part Time Shift Temporary?

SPECIAL SKILLS/ TRAINING

Please summarize special skills, training, and experience _____

EMPLOYMENT Your training and employment experience will help us to determine whether you meet the qualification for this position and to measure your knowledge, skills, and abilities. Please provide a full and accurate description of the responsibilities and achievements in your jobs and other pertinent life experiences. Include self employment, volunteer experience and any non-employment periods.

List your three most recent positions held, starting with the most recent employer first.

Dates: From ____/____/____ to ____/____/____ Starting Pay _____ Ending Pay _____

Employers Name _____

Immediate Supervisor _____

Employer Address _____

Phone Number _____ May we contact them? Yes No

Position held _____

Reason for Leaving _____

Duties _____

Dates: From ____/____/____ to ____/____/____ Starting Pay _____ Ending Pay _____

Employers Name _____

Immediate Supervisor _____

Employer Address _____

Phone Number _____ May we contact them? Yes No

Position held _____

Reason for Leaving _____

Duties _____

Dates: From ____/____/____ to ____/____/____ Starting Pay _____ Ending Pay _____

Employers Name _____

Immediate Supervisor _____

Employer Address _____

Phone Number _____ May we contact them? Yes No

Position held _____

Reason for Leaving _____

Duties _____

REFERENCES Please use a minimum of three references who can attest to your experience and ability. Please do not list relatives.

Business _____

Name _____

Address _____
street city state zip

Phone (____) _____ (____)
Home work

Business _____

Name _____

Address _____
Street city state zip

Phone (____) _____ (____)
work home

Business _____

Name _____

Address _____
Street city state zip

Phone () _____
_____ work

() _____
home

EDUCATION

List places attended beyond high school:

Dates: From ____/____ to ____/____ School _____

Dates: From ____/____ to ____/____ School _____

CERTIFICATION & RELEASE

I certify that the information contained in this application is true, complete and accurate. I understand that, if employed, false statements or omissions on this application may result in rejection of my application or discharge at any time during my employment.

I authorize investigation of all statements contained herein. I further authorize all individuals, companies, schools, corporation, courts, and law enforcement agencies to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from divulging or using information.

I understand and agree that, if hired, my employment is for no definite period and either I or the company can terminate the employment relationship at any time, with or without cause, and with or without notice. This employment relationship exists regardless of any other statements or policies to the contrary.

I realize that under certain state and federal laws, I may be required to submit to an alcohol and/or drug test (which may or may not be a part of a post offer, pre-employment physical) as a condition of my employment. I hereby agree to submit to such an examination if required so by company policy and permit disclosure of results to the company.

Signature _____ Date _____

AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER