



11 South Main Street
 PO Box 28
 Fayette, Iowa 52142
www.fayetteiowa.com
info@fayetteiowa.com
 563-425-4316

APPLICATION FOR EMPLOYMENT FOR PART-TIME EMPLOYEES

AN EQUAL OPPORTUNITY EMPLOYER

Qualified applicants are eligible to compete for all positions without regard to race, national origin, sex, creed, religion, age or marital status. Minority and female employees are encouraged to apply.

Application must be typed out or clearly printed in ink. All questions must be answered and accompanying documents received PRIOR to processing. If not applicable, indicate NA (not applicable). If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

**CHECK POSITION(S) APPLIED FOR. YOU MAY APPLY FOR MORE THAN ONE POSITION.
 PLEASE INDICATE YOUR PREFERENCE BY MARKING FIRST CHOICE, SECOND CHOICE, THIRD CHOICE, ETC.**

Part-Time Seasonal Public Works/Maintenance

Part-Time Library Clerk

PERSONAL HISTORY

a. Name in full (last, first, middle)		b. Social Security Number - -	
c. List all other names you have used. Include nicknames, maiden name, and previous married surname(s).		d. Have you previously applied with the City of Fayette? If yes, specify dates.	e. E-Mail address @
f. Birth date (month, day, year) / /	g. Place of birth (City, State or Country) ,		h. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
i. Drivers license number		j. Current drivers license state of issue	
k. List <u>all</u> states in which you have had a drivers license issued to you:			

CONTACT INFORMATION

a. Current mailing address		To schedule appointments, we will need the following telephone numbers: Residence/Cell: () -
Street address/P.O. Box	Apt. no.	
City	State	Zip code
b. Permanent address if different from above		Office or alternate #: () -
Street address/P.O. Box	Apt. no.	
City	State	Zip code

EDUCATION RECORD

High School: Check highest grade completed:
- 8, - 9, -10, -11, -12

High school diploma or equivalent (GED)?
-Yes -No

Name	Address	Dates Attended		Date Graduated
		From	To	
		/	/	

College/University: Check No. of years completed: -1, -2, -3, -4, -5, - 6 or more

Name of School and Location	Dates Attended		Credit Received		Field of Study or Area of Concentration		Type of Degree
	mo / yr	mo / yr	Semester hours	Quarter hours	Major	Minor	Obtained
	/	/					
	/	/					

RESIDENCE HISTORY

List chronologically ALL of your residences in the past 10 years (include addresses while attending school if away from home, and all military addresses including any off military base). If additional space is needed, please attach a separate sheet.

Dates		Apt. No.	Street Address	City	County	State
From	To					
/	/					
/	/					
/	/					

COURT RECORD

Have you ever been arrested or charged with any violation including traffic citations, but not parking tickets?

-yes -No

(List all such matters even if not formally charged, or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral. If additional space is needed, please attach a separate sheet.)

Date	Place	Charge	Final Disposition	Details
/				
/				
/				
/				
/				

EMPLOYMENT

List your work experience, starting with the most recent. Include summer and part-time employment in addition to jobs held as a teenager. ***Account for all time.*** If unemployed for a period of time, indicate and set forth dates of unemployment. If you do not recall the name of a supervisor, work address, etc., indicate such on the application. If additional space is needed, please attach a separate sheet.

a. Name of employer	Dates of employment / to /	Salary \$ per
Address	Position and kind of work	
City & state ,	Name of supervisor	
Telephone () -	Reason for leaving	
b. Name of employer	Dates of employment / to /	Salary \$ per
Address	Position and kind of work	
City & state ,	Name of supervisor	
Telephone () -	Reason for leaving	
c. Name of employer	Dates of employment / to /	Salary \$ per
Address	Position and kind of work	
City & state ,	Name of supervisor	
Telephone () -	Reason for leaving	
d. Name of employer	Dates of employment / to /	Salary \$ per
Address	Position and kind of work	
City & state ,	Name of supervisor	
Telephone () -	Reason for leaving	
e. Name of employer	Dates of employment / to /	Salary \$ per
Address	Position and kind of work	
City & state ,	Name of supervisor	
Telephone () -	Reason for leaving	
f. Name of employer	Dates of employment / to /	Salary \$ per
Address	Position and kind of work	
City & state ,	Name of supervisor	
Telephone () -	Reason for leaving	
g. Name of employer	Dates of employment / to /	Salary \$ per
Address	Position and kind of work	
City & state ,	Name of supervisor	
Telephone () -	Reason for leaving	

REFERENCES

Give three references, preferably those who have known you well during the past five years. If retired, give former occupation.

a. Complete name	Occupation	No. yrs. acquainted.
Home address	Home phone () -	
Business name and address	Bus. phone () -	
b. Complete name	Occupation	No. yrs. acquainted.
Home address	Home phone () -	
Business name and address	Bus. phone () -	
c. Complete name	Occupation	No. yrs. acquainted.
Home address	Home phone () -	
Business name and address	Bus. phone () -	

UNDERSTANDING OF APPLICATION & AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, understand that I must meet and maintain all minimum qualification standards, including physical requirements and personal conduct from the time my application is submitted through the end of the selection process. I understand that all submitted materials become the property of the City of Fayette and will **NOT** be returned to me.

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent or representative of the City of Fayette, whether the said records are of a public, private or confidential nature, including criminal histories.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Fayette. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the City of Fayette from any and all liability which may be incurred as a result of collecting such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL AND PHYSICAL EVALUATION) ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

A photocopy and/or fax of this release form will be valid as an original thereof, even though the said photocopy/fax does not contain an original writing of my signature.

I have read and fully understand the contents of the "Understanding of application & authorization for release of personal information".

Signature of Applicant

Date