



Le Mars, Iowa

City of Le Mars
40 Central Avenue SE
P.O. Box 1130
Le Mars, Iowa 51031-1130
(712) 546-7018
www.lemarsiowa.com

APPLICATION FOR EMPLOYMENT CITY OF LE MARS, IOWA

DATE _____

INSTRUCTIONS: Answer each question clearly and completely. If more space is required, use separate sheets of paper. All applicants will receive consideration without regard to race, color, religion, sex, age, national origin, or handicap. Be sure to complete entire application form. **(PLEASE USE INK).**

POSITION APPLIED FOR: _____

NAME _____
Last First Middle

ADDRESS _____
Number and Street City State Zip Code

PHONE: _____
Home Business

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

Date available for work: _____

Have you worked for the City before? Yes _____ No _____ Dept. _____

If yes, date of hire: _____ Date of termination: _____

Do you have a legal right to work in the United States? Yes _____ No _____

Do you currently have a valid:

Driver's License: Yes _____ No _____ Commercial Driver's License: Yes _____ No _____
If Yes, CDL Class _____

List applicable equipment you are qualified to operate: _____

Have you ever been convicted of a felony? Yes _____ No _____
If yes, describe: _____

NOTE: A conviction does not automatically eliminate you from City employment since nature of the crime and type of job for which application is made will be considered.

EMPLOYMENT - EXPERIENCE: Give complete employment record for the last ten years, starting with your present or last employer and work back. Insert additional sheets, if necessary.

PLEASE NOTE THIS PAGE MUST BE COMPLETED EVEN IF A RESUME IS INCLUDED.

COMPANY NAME AND ADDRESS	DATE MONTH & YEAR	JOB TITLE	DESCRIPTION OF DUTIES
Current Employer:	From:	Title:	Duties:
	To:	Reason for Leaving:	
	From:	Title:	Duties:
	To:	Reason for Leaving:	
	From:	Title:	Duties:
	To:	Reason for Leaving:	
	From:	Title:	Duties:
	To:	Reason for Leaving:	

REFERENCES

I hereby certify that all statements in this application are true. I understand that if any of the above statements are untrue, this application may be rejected and may cause any appointment to a position to be rescinded. I hereby authorize the City of Le Mars to contact any of the employers listed above to verify employment and work record. I authorize the City of Le Mars to verify and investigate through law enforcement agencies the status of my driver's license and to conduct any background check it deems necessary.

Signature: _____ Date: _____

Affirmative Action - Equal Opportunity Employer

Return Application To: City Hall
40 Central Avenue SE
Le Mars, IA 51031