

# CITY OF OSKALOOSA EMPLOYMENT APPLICATION



The City of Oskaloosa values employees who deliver high quality and innovative services to the community. Our employees will be accountable to the public and will be recognized for their integrity and dedication as public servants.

**Equal Opportunity Employer:** The City of Oskaloosa does not discriminate against persons because of race, religion, creed, color, sex, age, national origin, sexual orientation, gender identity, genetic information, disability, status as a military veteran, or any other characteristic protected under federal, state or local law.

<b>Position Applied for:</b>	<b>Date of Application:</b>
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**How did you learn about this position:**  Friend  Relative  Employment Agency  Walk-in

Newspaper Ad \_\_\_\_\_ (specify)  Website \_\_\_\_\_ (specify)

Trade Publication \_\_\_\_\_ (specify)  Other \_\_\_\_\_ (specify)

**Name** \_\_\_\_\_  
(Last) (First) (Middle)

**Home Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address (Optional)** \_\_\_\_\_

Are you eligible to work in the United States?  Yes  No  
*(Proof of citizenship or immigration status will be required upon employment)*

Type of employment desired:  Full-time  Part-time  Seasonal/temporary

Have you been employed with the City of Oskaloosa previously?  No  Yes Dates: \_\_\_\_\_

Do you have a relative employed with the City of Oskaloosa?  No  Yes Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

The City complies with all child labor regulations. Are you at least 16 years old?  No  Yes

Have you been convicted of a felony?  No  Yes

Are you willing to adhere to the City’s smoking restrictions pursuant to 2008 Iowa Acts, House File 2212?  No  Yes

EDUCATION	NAME/LOCATION	COURSE OF STUDY	YEARS COMPLETED	DIPLOMA OR DEGREE
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOLS				
OTHER				

**EMPLOYMENT EXPERIENCE** Please begin with your most recent employment

Employer (Address and Phone)	Start Date	End Date	Work Performed
	Starting Rate	Ending Rate	
<b>Job Title:</b>			Reason for Leaving:
<b>Supervisor:</b>			
Employer (Address and Phone)	Start Date	End Date	Work Performed
	Starting Rate	Ending Rate	
<b>Job Title:</b>			Reason for Leaving:
<b>Supervisor:</b>			
Employer (Address and Phone)	Start Date	End Date	Work Performed
	Starting Rate	Ending Rate	
<b>Job Title:</b>			Reason for Leaving:
<b>Supervisor:</b>			

Please list additional employers on separate piece of paper if needed.

- May we contact any previous employers/supervisors? Yes \_\_\_\_\_ No \_\_\_\_\_
- May we contact any current employers/supervisors? Yes \_\_\_\_\_ No \_\_\_\_\_
- Are you a military veteran? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please attached a copy of your DD-214.
- Summarize any special skills or training you have received:

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**• Please list any machines or equipment that you are qualified and experienced at operating:**

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Copies of transcripts and certifications are required to be provided at the time of application.  
Applications will not be considered without all necessary documentation.

**• Please list three references not related to you and not previous employers.**

Name	Address	Phone

This application is current for 60 days only. At the conclusion of this time, if I have not heard from the City of Oskaloosa and still wish to be considered for employment, it will be necessary to complete a new application.

**Please read carefully:**

I grant permission for disclosure and/or delivery of any and all information concerning any prior arrest and/or criminal record I may have of any type or sort, as well as any record which may exist concerning my involvement with illegal drugs or alcohol. I understand that post offer pre-employment drug and alcohol testing will be required, and that a positive test result will result in termination of any job offer.

I certify that the answers given on this application are true and complete to the best of my knowledge. I also authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the employee may resign at any time and the employer may discharge the employee at any time without cause. It is further understood that this “at will” relationship may not be changed by any written documentation or by conduct unless the change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in this application or during my interview or interviews may result in discharge. I understand that I am required to abide by all rules and regulations of the employer.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_