

# City of Rock Valley-Mower-Seasonal 2022

\*Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered.  
\*We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, nation origin, marital status, or disability.  
\*Do you need an accommodation to participate in the application or interview process? Yes No

## PERSONAL DATA

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Alternate Phone ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Driver's License: Operator CDL CDL Type \_\_\_\_\_ Endorsements \_\_\_\_\_

Are you a Veteran of Military Service? Yes No

## EDUCATION

High School Diploma or GED? Yes No Post Secondary Degree? AA BA MA Ph.D.

High School Attended \_\_\_\_\_

Secondary School Attended \_\_\_\_\_

Training Length \_\_\_\_\_ Date Completed \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_

## WORK EXPERIENCE (List most recent work experience first)

Company Name \_\_\_\_\_ Immediate Supervisor \_\_\_\_\_

Complete Address \_\_\_\_\_  
Street/P.O. Box City State Zip Code

Job Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Description (duties, skills, equipment used)

Dates: From (mm/yy) \_\_\_\_/\_\_\_\_ To (mm/yy) \_\_\_\_/\_\_\_\_

Reason for leaving \_\_\_\_\_ Starting Pay \_\_\_\_\_ Final Pay \_\_\_\_\_

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Street/P.O. Box City State Zip Code

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Job Description (duties, skills, equipment used)

Dates: From (mm/yy) \_\_\_\_/\_\_\_\_ To (mm/yy) \_\_\_\_/\_\_\_\_

Reason for leaving \_\_\_\_\_ Starting Pay \_\_\_\_\_ Final Pay \_\_\_\_\_

**ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION**

Volunteer Work \_\_\_\_\_

Licenses, Certificates, special skills, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LIST REFERENCES**

Name

Address

Phone Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer?    Yes    No

With my signature above, I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

This application is provided by:



# City of Rock Valley

## Consent for Criminal Background Check

Your signature below authorizes the City of Rock Valley, Iowa to obtain information about you (if applicable) from various law enforcement agencies, courts, and corrections agencies.

**All information below is *required*. Please print.**

**Full Legal Name:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Other Names Used:** \_\_\_\_\_ (Maiden, alias', legal name change, etc.)

**DOB:** \_\_\_\_\_ **DL#:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ **Current Phone** \_\_\_\_\_

**Previous Addresses in past 7 years:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been convicted of any crime? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If "Yes," explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's signature:**

I have reviewed and completed this form as applicable to me. I give the City of Rock Valley permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_