

City of Rock Valley- Marketing & Event Center Coordinator

*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

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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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: _____