

CITY OF ROCK VALLEY APPLICATION FOR EMPLOYMENT- Rock Valley Swimming Pool

The City of Rock Valley is an equal opportunity employer. The City of Rock Valley does not discriminate in employment regarding race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

Incomplete information could disqualify you from further consideration. Please complete all fields.

PERSONAL INFORMATION

Name _____ Date _____

Address _____

E-mail Address _____

Phone # _____ Are you eligible to work in the U.S? Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)
 Yes No **Lifeguards must be 15 years or older. Aides/Concessions must be 14 or older.**

Have you ever been terminated from employment by an employer? Yes No

If yes, please provide company names and details _____

Can you work any shift? Yes No If no, explain: _____

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? Yes No

EMPLOYMENT DESIRED

Date you can start _____ Hourly rate desired _____

Position desired _____

Are you currently employed? If so, may we inquire of your present employer? _____

REFERRAL SOURCE

How did you hear about us? Walk-In Social Media Ad Referral- Who? _____

Have you ever worked for or are currently working for the City of Rock Valley? (Includes ALL departments- Rock Valley Recreation, Rock Valley Pool, Rivers Bend Campground, Rock Valley Library, Seasonal City Crew, FT City, RV Police, Parkview Event Center)

Current Past No Explain _____



EDUCATION

	Name and location of school	Degree Received	Subjects studied/Major
High School			
College or University			
Trade, Business or Correspondence School			

EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration.

From	To	EMPLOYER	PHONE

JOB TITLE	ADDRESS

SUPERVISOR AND TITLE	JOB DUTIES/RESPONSIBILITIES

Reason for leaving	

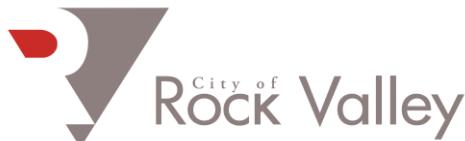
From	To	EMPLOYER	PHONE

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Reason for leaving	

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JOB TITLE		ADDRESS	
SUPERVISOR AND TITLE		JOB DUTIES/RESPONSIBILITIES	
<i>Reason for leaving</i>			

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

REFERENCES

Give the names of three people not related to you, whom you have known for at least three (3) years.

NAME	ADDRESS, PHONE, EMAIL	COMPANY	YEARS KNOWN

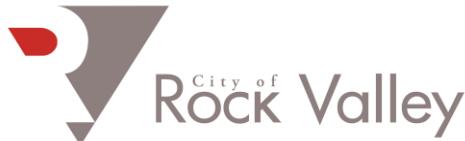
APPLICANT ACKNOWLEDGEMENT

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the City of Rock Valley to hire me. If I am hired, I understand that either the City of Rock Valley or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the City of Rock Valley has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the City of Rock Valley true and complete information on this application. No requested information has been concealed. I authorize the City of Rock Valley to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____



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 the information below is *required*. Please print.

Full Legal Name: _____ **DOB:** _____

Male _____ **Female** _____

Social Security # _____ **Current Phone** _____

Current Address: _____

Other Names Used: _____
(Maiden, alias', legal name change, etc.)

DL#: _____ **State:** _____

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:** _____