

### Job Opening:

The City of Sidney will be hiring a seasonal employee to work 40 hours a week. Employment will begin May 2, 2014 and end October 2, 2014, with possible hours during the winter depending on snow removal. Applications may be picked up at City Hall in Sidney or downloaded at [www.sidneyia.net](http://www.sidneyia.net). The City of Sidney is an Equally Opportunity Employer.

### Description of duties:

Operating a rubber tire loader, using a tractor for various tasks, lifting at least 100 pounds, plowing snow in the winter, weed eat and mow city cemetery, help fix water leaks, maintenance help at city pool, maintenance at city park, patch streets, walk a meter route once a month, maintenance on water meters, hang banners during the summer, maintenance work at city library, and other duties established by the Mayor and City Council.

# Application Form

**APPLICATION FOR EMPLOYMENT  
PLEASE ATTACH RESUME TO APPLICATION  
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle Initial

Present address \_\_\_\_\_  
Street Number
City
State
Zip

How long have you lived there? \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Telephone Number (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_

Position applied for \_\_\_\_\_

Salary desired \_\_\_\_\_  
 (Be specific)

When available for work? \_\_\_\_\_

Type of School	Name of School	Location (Complete mailing address)	Number of Years Completed	Major & Degree
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

Are you at least 21 years of age?  Yes  No

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_

Operator  Commercial (CDL)  Chauffeur

Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many?  
\_\_\_\_\_

Have you had any moving violations during the past three years? How Many?  
\_\_\_\_\_

Please list three references other than relatives or previous employers.

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_ -- \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space on the back of this page to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

**APPLICATION FOR EMPLOYMENT**

**MILITARY**

HAVE YOU EVER BEEN IN THE ARMED FORCES? \_\_ Yes \_\_ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? \_\_ Yes \_\_ No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_  
Discharge Date \_\_\_\_\_

**Work Experience**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name.

**Attach additional sheets if necessary.**

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Name of last supervisor \_\_\_\_\_

Employment dates: From \_\_\_\_\_ TO \_\_\_\_\_

Pay or salary \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone number (\_\_\_\_)\_\_\_\_--\_\_\_\_\_

Your last job title \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

---

---

---

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Name of last supervisor \_\_\_\_\_

Employment dates: From \_\_\_\_\_ TO \_\_\_\_\_

Pay or salary \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone number (\_\_\_\_)\_\_\_\_ -- \_\_\_\_\_

Your last job title \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

---

---

---

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Name of last supervisor \_\_\_\_\_

Employment dates: From \_\_\_\_\_ TO \_\_\_\_\_

Pay or salary \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone number (\_\_\_\_)\_\_\_\_ -- \_\_\_\_\_

Your last job title \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

---

---

Name of employer \_\_\_\_\_

Address \_\_\_\_\_

Name of last supervisor \_\_\_\_\_

Employment dates: From \_\_\_\_\_ TO \_\_\_\_\_

Pay or salary \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone number (\_\_\_\_)\_\_\_\_ -- \_\_\_\_\_

Your last job title \_\_\_\_\_

Reason for leaving (be specific) \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

---

---

---

May we contact your present employer? \_\_\_ Yes \_\_\_ No

Did you complete this application yourself \_\_\_ Yes \_\_\_ No

If not, who did and why?

---

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE CITY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE CITY. I UNDERSTAND THAT NO CITY REPRESENTATIVE, OTHER THAN IT'S MAYOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE MAYOR, HAS ANY AUTHORITY TO ENTER INTO AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

Date \_\_\_\_\_

Signature \_\_\_\_\_

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.