

# CITY OF RUTHVEN APPLICATION FOR EMPLOYMENT

The City of Ruthven is an Equal Opportunity Employer

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability, or veteran's status.

(Print neatly and complete all blanks)

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## PERSONAL INFORMATION:

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Full Name: \_\_\_\_\_

First

Middle Initial

Last

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

Number

Street

City

State

Zip

Telephone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Are you 18 years of age or older? Yes or No

Are you legally able to work in the United States? Yes or No

Are you a military Veteran as defined in Iowa Code Section 35.1? Yes or No

If yes, provide dates of active duty: \_\_\_\_\_ to \_\_\_\_\_

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application? Yes or No

If yes, provide all other name(s): \_\_\_\_\_

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## POSITION DESIRED:

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Job Title: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Wage Desired: \_\_\_\_\_

Are you available for work: Full-Time Part-Time Shift Work Seasonal

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## EDUCATION:

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Do you have a High School Diploma or GED? Yes or No

Name of the last school attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Circle Last year of school completed: 6 7 8 9 10 1 12 13 14 15 16 17 18

Circle the highest degree earned: High School Diploma GED Certificate AA BD MD PHD Other

Area of Concentration and/or degree(s), certificates, licenses, endorsements: \_\_\_\_\_

Other Training or Skills (factory or office machines operated, special courses, computer skills, etc): \_\_\_\_\_

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**EMPLOYMENT HISTORY:** (List employers, starting with the current or most recent.)

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Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Number          Street    City    State    Zip

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
                    Number          Street    City    State    Zip

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Detailed Job Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Please provide any additional information about your abilities or interests that makes you a good candidate for this position: \_\_\_\_\_

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**I authorize investigation of all statements contained in the application. I certify that all information is true. I understand that omission or misrepresentation of these facts is cause to eliminate this application for consideration or for dismissal.**

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