

CITY OF WINTHROP

354 W Madison, P.O. Box 98, Winthrop IA 50682
 PH. 319-935-3317 www.cityofwinthrop.com
 Employment Application

APPLICANT INFORMATION											
Last Name				First				M.I.	Date		
Street Address							Apartment/Unit #				
City				State				ZIP			
Phone				E-mail Address							
Date Available				Social Security No.							
Position Applied for											
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been convicted of a crime?				YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Have you ever been placed on probation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?								
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain								

EDUCATION										
High School				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other				Address						
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			

REFERENCES										
Please list three professional references.										
Full Name					Relationship					
Company					Phone					
Address										
Full Name					Relationship					
Company					Phone					

Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company			Phone		
Address			Supervisor		
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

MILITARY SERVICE

Branch			From		To	
Rank at Discharge				Type of Discharge		
If other than honorable, please explain						

DISCLAIMER AND SIGNATURE

I hereby certify that all statements in this application and accompanying materials are true and I agree and understand that any misrepresentation or deliberate omission of a material fact may be justified for termination or refusal of employment. I authorize the City of Winthrop to release information as necessary to verify statements made in this application and/or accompanying materials. I also authorize the employers, schools, or persons named above to give any additional information regarding my qualifications and character. t. I further agree to furnish proof of either citizenship or legal right to work in the US.

Signature		Date	
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