City of Forest City
305 North Clark Street
Forest City, IA 50436
(641) 585-4597

Application for Employment

(Please print neatly and complete all blanks…thank you)

The City of Forest City is an Equal Opportunity Employer

PERSONAL

Full Name: _____
First Middle Initial Last

Address: _____
Number Street City State Zip

Telephone Number: ( ) _____ **Social Security Number:** _____

Are you 18 years of age or older? Yes ☐ No ☐ Are you a military Veteran? Yes ☐ No ☐
Are you legally able to work in the U.S.? Yes ☐ No ☐ If Yes, Dates of Active Duty: _____ to _____

Have you ever been known by any other names(s) that this company will require to verify any of the information listed on this application? If so, please list: _____

EMPLOYMENT DESIRED

Job Title: _____ **Date Available:** _____ **Wage Desired:** _____

Are you available for work: Full-Time ☐ Part-Time ☐ Seasonal ☐

EDUCATION

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

Name of Last school attended: _____ **City:** _____ **State:** _____

Circle last year of school completed: 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.): _____

_____

_____

_____

EMPLOYMENT HISTORY

Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment)

Company Name: _____ **Job Title:** _____

Address: _____
Number Street City State Zip

Start Date: ___/___/___ End Date ___/___/___ Rate of Pay: _____

Detailed Job Duties: _____

_____

Reason for Leaving: _____

Company Name: _____ **Job Title:** _____

Address: _____
Number Street City State Zip

Start Date: ___/___/___ End Date ___/___/___ Rate of Pay: _____

Detailed Job Duties: _____

_____

Reason for Leaving: _____

Company Name: _____ **Job Title:** _____

Address: _____
Number Street City State Zip

Start Date: ___/___/___ End Date ___/___/___ Rate of Pay: _____

Detailed Job Duties: _____

_____

Reason for Leaving: _____

Federal and state laws prohibit discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability or veteran's status.

May we contact your former employers to verify this information? Yes ☐ No ☐

May we contact your present employer? Yes ☐ No ☐

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

_____

_____

I authorize investigation of all statements contained in this application. I understand that omission or misrepresentation of facts is cause for dismissal.

Signature: _____ **Date:** _____