CITY OF BENNETT APPLICATION FOR EMPLOYMENT

The City of Bennett 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)

Auxiliary aids and services are available upon request to individuals with disabilities.

PERSONAL INFORMATION:						
Full Name:First	Middle Initial	Last				
Current Address:						
Number Street	City	State Zip				
Telephone Number:	Social Security Numb	er:				
Are you 18 years of age or older?	Yes or No					
Are you legally able to work in the U	Inited States? Yes or N	lo .				
Are you a military Veteran as define	d in Iowa Code Section 35.1? Ye	es or No				
If yes, provide dates of active duty:	to					
Have you ever been known by any on this application? Yes or		will require to verify any of the information				
If yes, provide all other name(s):						
POSITION DESIRED:						
Job Title:	Date you can start:	Wage Desired:				
Are you available for work: Full-Ti	me Part-Time Shif	t Work Seasonal				
EDUCATION:						
Do you have a High School Diploma	a or GED? Yes or N	lo .				
Name of the last school attended: _	City:	State:				
Circle Last year of school completed	d: 6 7 8 9 10 1 12 13 1	4 15 16 17 18				
Circle the highest degree earned: H	ligh School Diploma GED Certif	icate AA BD MD PHD Other				

Area of Concentration and/or degree(s), certificates, licenses, endorsements:							
Other Training or Skills (factory o	or office machines operated, spe	ecial courses, computer skill	s, etc):				
EMPLOYMENT HISTO	DRY:						
Former Employment (List employ	vers, starting with the current or most re	ecent. 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					
Number	Street	City	State	Zip	
Start Date:	En	d Date:	Rate of Pay:		
Reason for Leaving: _					
		to verify this informatio		r No	
May we contact your	present employer?	P Yes or No			
			or interests that makes yo		
that all informat	tion is true. I	understand that	tained in the appli omission or misre on for considerati	presentation of	
Signature:			Date:		