

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST.)

1. Dates of Employment: From _____ To _____	Name of Employer:	Position Held:
Employer Address: _____	(Street, State, Zip)	Phone Number:
Starting Wages: _____	Ending Wages: _____	Supervisor's Name: _____
		Reason For Leaving: _____
2. Dates of Employment: From _____ To _____	Name of Employer:	Position Held:
Employer Address: _____	(Street, State, Zip)	Phone Number:
Starting Wages: _____	Ending Wages: _____	Supervisor's Name: _____
		Reason For Leaving: _____
3. Dates of Employment: From _____ To _____	Name of Employer:	Position Held:
Employer Address: _____	(Street, State, Zip)	Phone Number:
Starting Wages: _____	Ending Wages: _____	Supervisor's Name: _____
		Reason For Leaving: _____

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST 1 YEAR.

NAME	PHONE	BUSINESS / RELATIONSHIP	YEARS ACQUAINTED
1.			
2.			
3.			

I certify that the above information is true and correct and give authorization for investigation of all statements and information contained in this application, my resume, other documents or verbally obtained during an employment interview. I voluntarily consent to allow the City of Slater, Iowa. or any of its representatives or agents to check my references by contacting any persons, company of governmental entity they deem to be an appropriate reference. I understand these questions may pertain to my personal or educational background, work experience, character and behavior. I understand my employment is subject to satisfactory verification of this information and agree that deliberate falsification of this document or significant omissions shall be grounds for employment consideration disqualification or dismissal from employment, if discovered at a later date. I pledge, if hired to comply with the guidelines of conduct and company policies and procedures of the City of Slater, but realize that company policies, procedures, practices or statements made during an interview or employment do not create an employment contract by implication or otherwise. I further understand and agree that my employment is for no definite period of time and may, regardless of time and manner be terminated by the company or myself with or without cause or previous notice. This application will be kept in a current file for thirty days. If not contacted during that period of time, it may be necessary to complete another application to receive further employment consideration

APPLICANT'S SIGNATURE _____

DATE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED Yes No INTERVIEWED BY _____ DATE _____

REMARKS (SEE INTERVIEW EVALUATION IF APPLICABLE) _____

HIRED Yes No POSITION FILLED _____

SALARY/WAGE _____ DATE REPORTING FOR WORK _____

APPROVED: _____

CHIEF EXECUTIVE OFFICER

CHIEF OPERATING OFFICER

HIRING MANAGER

OFFICE MANAGER