

City of Milford, Iowa

Application for Employment

806 N Ave., PO Box 536 Milford, IA 51351 Phone- (712) 338-2741 Fax (712) 338-2743

www.milford.ia.us

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Applications filed with the City of Milford are public records unless otherwise stated in the Job Posting or Announcement. Personal Information including social security number and driver's license number are protected from public disclosure in all cases.

PLEASE PRINT CLEARLY

Position(s) Applied For	Date of Application
How Did You Learn About the Position?	
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio
<input type="checkbox"/> Relative	<input type="checkbox"/> Internet
<input type="checkbox"/> Other	<input type="checkbox"/> Word of Mouth
<input type="checkbox"/> Previous Employment	

Last Name		First Name		Middle Name	
Address Number	Street	Apt.	City	State	Zip Code
Home Telephone Number		Cell Telephone Number		Social Security Number	
Email Address					

1. Are you age 18 or older?.....Yes No
2. Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status? Yes No
3. Have you ever been convicted of a felony? (Conviction will not necessarily disqualify you for employment. However, conviction of a crime related to the position applied for may result in disqualification of your application.) Yes No If yes, please explain _____ _____
4. If you are age 17 or younger, can you provide the required proof of your eligibility to work?.....Yes No
5. Do you have a valid drivers license?.....Yes No
6. Drivers License Number(s) (Please list if position requires operating City equipment or vehicles - Include) _____ Expiration Date _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Number State Class Month Date Year </div>

The City of Milford, Iowa is an equal opportunity employer and service provider

7. Have you ever been employed with us before?.....Yes No If yes, provide the dates of employment _____

8. Have you ever filed an application with us before?..Yes No If yes, provide the approximate date_____

9. Date available to start work____/____/____

10. What is your desired salary range?_____

11. Are you available to work: Full-Time____ Part-Time____ Temporary/Seasonal_____

12. Can you travel if the position requires it? Yes No

EDUCATION

Type of School	School Name	City/State	Course of Study	Years Completed	Did you Graduate?
High School					
Undergraduate College					
Graduate/ Professional					
Technical School					
Other					

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States military

EMPLOYMENT EXPERIENCE

Provide the following information of your past four (4) employers in chronological order starting with the most recent. You may include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer	Address	Telephone Number	Job Title		
Supervisor	Reason for Leaving	Dates Employed (mo/yr to mo/yr)	Starting Wage	End/present Wage	
Work Performed/Duties					
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2.

Employer	Address	Telephone Number	Job Title		
Supervisor	Reason for Leaving	Dates Employed (mo/yr to mo/yr)	Starting Wage	Ending Wage	
Work Performed/Duties					
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3.

Employer	Address	Telephone Number	Job Title	
Supervisor	Reason for Leaving	Dates Employed (mo/yr to mo/yr)	Starting Wage	Ending Wage
Work Performed/Duties				
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4.

Employer	Address	Telephone Number	Job Title	
Supervisor	Reason for Leaving	Dates Employed (mo/yr to mo/yr)	Starting Wage	Ending Wage
Work Performed/Duties				
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If you need additional space, please continue on a separate sheet of paper

List professional, trade, business or civic activities and offices held (You may exclude any memberships which may reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)

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ADDITIONAL INFORMATION

Other Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you believe may be helpful to us in considering your application

REFERENCES

Please provide the names of three people not related to you whom have known you for at least one year

	Name	Address	Phone	Email	Yrs. known
1					
2					
3					

Application for Veterans Preference Points

Veterans preference application

Veteran: Self Spouse If spouse, veteran's name: _____

Branch of service: _____ Dates of Active Duty: from _____ to _____

Rank at discharge: _____ Type of Discharge: _____

Date of final discharge: _____ Service number: _____

Do you have a compensable service-related disability? Yes No

Type of preference requested: Veteran Disabled Veteran
 Spouse of veteran Spouse of disabled veteran

Supporting documentation: is attached

will be submitted within 7 days of application deadline

Applicant's Statement

I certify that the information and answers given herein are true and complete to the best of my knowledge. I authorize the City of Milford to investigate all of the statements contained in this application for employment as may be necessary for arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the City Administrator or (his/her) designee. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the City of Milford.

Signature of Applicant (must be an original signature)

Date

READ CAREFULLY BEFORE SIGNING

I hereby authorize the Iowa Department of Transportation to release my driving history record to the City Clerk's Office of the City of Milford for the purpose of an employee background check.

_____	_____ (Please Print)	
Date	First Name	Last Name
_____	_____	_____
Social Security Number	Drivers License Number	State Issued

Signature		

CITY OF MILFORD, IOWA
REFERENCE CHECKS
RELEASE AUTHORIZATION

I, (please print name) _____, hereby authorize investigation of any information contained in the Application for Employment and/or supplemental materials I have submitted in consideration for the position of _____, as may be needed to arrive at an employment decision. I also authorize any or all educational institutions and prior employers listed in the Application for Employment to provide information they may have concerning me as it may relate to consideration of my application for this position. I release the City of Milford and those parties from any and all liability or claims for damage that may result from such.

Applicant's Signature

Date

**CITY OF MILFORD, IOWA
BACKGROUND CHECK WAIVER**

I hereby give permission for the City of Milford, Iowa to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

Social Security Number

Date of Birth

Applicant's Signature

Date

CITY OF MILFORD, IOWA

Equal Employment Opportunity Information

The information asked of you will be used to evaluate our overall efforts in reaching all segments of the population. The following information is VOLUNTARY and CONFIDENTIAL. This information is NOT A PART of the application file and is REMOVED from the application when received by our office. The City of Milford, Iowa appreciates your cooperation in our efforts to ensure Affirmative Action and equal opportunity.

Please indicate the position(s) for which you are applying:

Please indicate how you heard about this position:

Please place a check in the appropriate blanks:

Gender; Male Female

With which racial ethnic group do you identify?

- Asian or Pacific Islander
- African American (Black)
- Native American or Alaskan Eskimo
- Caucasian (White)
- Other (Please indicate: _____)

Disability status, defined as:

- (1) Has physical, sensory or mental impairment (condition) which materially (significantly) limits one or more life activities;
- (a) Has a record of such an impairment (condition);
- (b) Is regarded as having such impairment (condition).

Based on the above information, do you claim Disability status?

Yes No