



Application for Employment TOWN OF IOWA

P. O Box 1707

Iowa, LA 70647

Phone: (337) 582-3535

ANSWER ALL QUESTIONS – PLEASE PRINT

POSITION(S) APPLIED FOR _____

DATE OF APPLICATION ____/____/____

NAME: _____ DOB ____/____/____

LAST

FIRST

MIDDLE

ADDRESS: _____

STREET

TOWN

STATE

ZIP CODE

TELEPHONE NUMBER (____) _____ Best time to call: _____

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER: _____ Class A B C State Issued _____ Expiration Date _____
(Please circle one)

May we contact you at work? YES NO

If yes, work number and best time to call..... () _____

Have you filed an application her before? YES NO

If yes, give date / /

Have you been employed here before? YES NO

If yes, give dates FROM ____/____/____ TO ____/____/____

Are you at least 18 years of age? YES NO

Are you legally eligible for employment in this country? YES NO

Have you ever been convicted of a criminal offense other than minor traffic violations? YES NO

(Convictions will not automatically disqualify you for employment)

If yes, indicate date(s) and type of offense(s) _____

Date available for work / /

Type of employment desired: Full Time Part time Temporary Educational Co-Op

Are you on a lay-off and subject to recall?..... YES NO

Is there anything to prevent you from working the number of hours per week required by the position for which you are applying? YES NO

Will you work overtime if required? YES NO

Are you related to any current employees or elected official of the Town of Iowa? YES NO

If yes, please indicate name and relationship: _____

AN EQUAL OPPORTUNITY EMPLOYER

Employment History

List your last three (3) employers, assignments, or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE	DATES EMPLOYED	
	() -	FROM	TO
ADDRESS			
JOB TITLE	IMMEDIATE SUPERVISOR/TITLE	HOURLY RATE/SALARY	
		STARTING	
SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITES		\$	PER
		FINAL	
REASON FOR LEAVING		\$	PER

MAY WE CONTACT FOR REFERENCE? YES NO

EMPLOYER	TELEPHONE	DATES EMPLOYED	
	() -	FROM	TO
ADDRESS			
JOB TITLE	IMMEDIATE SUPERVISOR/TITLE	HOURLY RATE/SALARY	
		STARTING	
SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITES		\$	PER
		FINAL	
REASON FOR LEAVING		\$	PER

MAY WE CONTACT FOR REFERENCE? YES NO

EMPLOYER	TELEPHONE	DATES EMPLOYED	
	() -	FROM	TO
ADDRESS			
JOB TITLE	IMMEDIATE SUPERVISOR/TITLE	HOURLY RATE/SALARY	
		STARTING	
SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITES		\$	PER
		FINAL	
REASON FOR LEAVING		\$	PER

MAY WE CONTACT FOR REFERENCE? YES NO

Comments (include explanations or any gaps in employment)

Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our organization.

Educational Background

A. List last three (3) schools attended, starting with last one, B. List number of years completed, C. indicate degree or diploma earned, if any, and D. major and minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. MAJOR	D. MINOR

List any foreign language(s) and check the box that best describes your skill level.

LANGUAGE	READ OR WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

NAME	TELEPHONE NUMBER	YEARS KNOWN
	() -	
	() -	
	() -	

List professional, trade, business or civic associations and any offices held. (Answers to this question are optional.)

ORGANIZATION	OFFICES HELD

List any professional certifications or licenses you hold:

I certify that the answers given on this application are true and correct. I understand that my failure to answer all non-optional questions asked by this application, or falsification of any statement made herein, may result in rejection of my application or dismissal from employment if discovered after hiring. Furthermore, I understand that just as I am free to resign at any time, the Town of Iowa reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Town of Iowa has the authority to make any assurances to the contrary.

I give the Town of Iowa the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Town of Iowa and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

As part of the employment process and/or from time to time during my employment by the Town, if employed, I agree to submit upon request to a physical examination and/or drug and alcohol screening by a physician or laboratory selected and paid by the Town.

I also agree that, if I am employed in a job requiring the operation of a motor vehicle, my failure to maintain a driving record acceptable to the Town's general liability insurance carrier shall be considered misconduct that may result in my dismissal.

The Town of Iowa is an equal opportunity employer. The Town of Iowa does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 12 months. At the conclusion of this time, if I have not heard from the Town of Iowa and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant _____ Date ___/___/___

TOWN OF IOWA
PRE-EMPLOYMENT PROHIBITED DRUG TEST ACKNOWLEDGEMENT FORM

As required by Town Policy; certain federal and state regulations, all applicants for covered positions must submit to a prohibited drug test.

Agreement to the above cited policies and regulations authorizes the Town to collect a urine or other specimen as cited the Town Policy for the purpose of administering a pre-employment prohibited drug test at a time and location determined by the Town, and to obtain the results from the testing laboratory.

In the event my specimen tests positive for the presence of a prohibited drug or substances, I will no longer be considered for employment with the Town. Any further consideration for employment will be in accordance with the terms and conditions in the Town substance Abuse policy.

The results of the test will be reported by the testing laboratory to the Mayor and/or Town Clerk who will report the test results to the designated Town Officer for the Town for record keeping. These results will not be released to any additional parties other than Town Attorney and Town Council, when necessary, without the written permission of the applicant named below.

I hereby agree to submit to a prohibited drug test.

Applicant's Name: _____

Date: ___/___/___

Social Security Number: _____

Driver's License Number: _____ [Provide copy of DL]

Applicant's Signature: _____

