

APPLICATION FOR EMPLOYMENT

(Print neatly and complete all blanks)

The City of Primghar is an Equal Opportunity Employer

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

PERSONAL	are aramaiore aperri				
Full Name:					
First	Middle Initial	Last			
Current Address:					
Number Stre	et City		State Zip		
Telephone Number:					
Are you 18 years of age or older?	Yes $_{\square}$ No $_{\square}$	Are you a military Veteran?	Yes $_{\square}$ No $_{\square}$		
Are you legally able to work in the United States?	Yes □ No □	If Yes, Dates of Active Duty:	to		
Officed States:		Active Duty.			
Have you ever been known by any other on this application?	r name(s) that this co	ompany will require to verify a	ny of the information		
EMPLOYMENT DECIDED					
EMPLOYMENT DESIRED					
Job Title:	_ Date you can star	t: Wage Desir	ed:		
Are you available for work: Full-Time $_\square$ Part-Time $_\square$ Temp $_\square$ Seasonal $_\square$					
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:	6 7 8 9 10 11	12 13 14 15 16 17 18	3		
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:					
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Other Training or Skills (Factory or Of	fice Machines Oper	rated, Special Courses, Com	puter Skills, etc.):		
Other Training or Skills (Factory or Of	fice Machines Oper	rated, Special Courses, Com	puter Skills, etc.):		

EMPLOYMENT HISTORY					
Former Employment (List employers, starting with	the current or most	recent. Explain all gaps in time of emp	oloyment.)		
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:					
May we contact your former employers to verify th Yes $_{\square}$ Nb $_{\square}$	is information?	The law prohibits discrimination in hage, race, color, creed, sex, nati			
May we contact your present employer? Yes	No □	religion, disability or veteran's			
Please provide any additional information about y this position:	our abilities or in	terests that makes you a good	candidate for		
I authorize investigation of all statements contained in the application. I understand that omission or misrepresentation of facts is cause for dismissal.					
Signature:		Date:			