

CITY OF ALBION, IOWA
JOB APPLICATION

This City is an equal opportunity employer and does not discriminate against any employee or applicant for employment on the basis of age, race, religion, creed, color, sex, national origin, or disability.

Note: If you have a physical or mental disability and you believe that an accommodation may be necessary in order for you to complete this application, please state the kind of accommodation which you believe is appropriate: _____

Please answer ALL questions. Print or write carefully. If you provide false, inaccurate, or incomplete information in this application form or in any interview or if you fail to disclose information requested in this application form or in any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.

PERSONAL INFORMATION
(To Be Completed By All Applicants)

Last Name

First Name

Middle Name

Street Address

City

State

Zip Code Telephone

Are you 18 or older

Are you legally eligible to work in the U.S.

Is there any name, other than the name stated above, which you have previously used to identify yourself:

If you are a military veteran, please provide information regarding your military service:

FOR MOTOR VEHICLE OPERATOR APPLICANTS ONLY

The following 3 questions must be answered in order to complete a check of your driving record:

Date of Birth:

Driver's License Information State: _____ Number: _____

How many years have you driven a commercial vehicle:

What is the proper safety procedure for getting into and out of a tractor cab:

What is the proper procedure for lifting boxes:

Have you ever fallen off a truck: _____ If "yes," how many times: _____

Can you lift a load that weighs 75 pounds: _____

Can you drive _____ miles per day:

Can you drive _____ hours in a _____ day period:

DRIVING EXPERIENCE

<u>Class of Equipment</u>	<u>Type of Equipment</u>	<u>Dates</u>	<u>Approx. Miles</u>
Straight Truck _____	_____	_____	
Tractor & Semi _____	_____	_____	
Tractor-2 Trailers _____	_____	_____	
Tractor-Flatbed _____	_____	_____	

State any special course or training that will help you as a driver: _____

Have you received any safe driving awards: _____ If "yes," from whom: _____

If you answer "yes" to any of the following questions, you must provide detail on back:

Have you ever had an automobile accident: _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle: _____

Has your motor vehicle license, permit, or privilege ever been suspended or revoked: _____

Have you ever been convicted or forfeited a bond for driving under the influence of drugs or alcohol (DUI) or for driving while intoxicated (DWI): _____

ACCIDENT RECORD

(List all accidents in the past ____ years whether chargeable or non-chargeable)

	<u>Date</u>	<u>Nature of Accident</u>	<u>Fatality</u>	<u>Injuries</u>	<u>Vehicle</u>
1.	_____	_____	_____	_____	
2.	_____	_____	_____	_____	
3.	_____	_____	_____	_____	
4.	_____	_____	_____	_____	

TRAFFIC CONVICTION RECORD

(List all traffic convictions and guilty pleas, in the past ____ years, other than parking violations)

	<u>Date</u>	<u>City and State</u>	<u>Charge</u>	<u>Penalty</u>	<u>Vehicle</u>
1.	_____	_____	_____	_____	
2.	_____	_____	_____	_____	
3.	_____	_____	_____	_____	
4.	_____	_____	_____	_____	

EMPLOYMENT HISTORY

(To Be Completed By All Applicants - List Most Recent Employer First)

Employer		Employed From _____ Mo./Yr. To _____ Mo./Yr.	Supervisor=s Name
Address			Your Job Title
Telephone			
Your Salary		Duties:	
Start	End		

Be sure to include an explanation of all gaps in time of employment.

Have you previously applied for employment with the City: _____ If "yes," when and under what name:

Have you previously been employed by the City: _____ If Ayes," when and under what name:

What was your attendance record with your last three employers:

Other than vacation and holidays, how many days did you miss work in the last three years:

How many months have you been unemployed in the last 12 months: _____

How many months have you been unemployed in the last 36 months: _____

EDUCATION

(To Be Completed By All Applicants)

School	Print Name, Number and Street, City, State and Zip Code for each School Listing	No. of Years Completed	Degree, Major, or Type of Course
High School			
College			
Graduate School			

Trade, Bus., Night, or On- Line.			