

**City of Mountain Iron**  
**APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

Date \_\_\_\_\_

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

E-mail \_\_\_\_\_

Business Telephone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Are you 18 years or older \_\_\_\_\_ Yes \_\_\_\_\_ No

**EMPLOYMENT DESIRED**

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_ Desired Salary \_\_\_\_\_

Work Hours Desired: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary

If part time, specify hours or days: \_\_\_\_\_

Ever Worked for this City Before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, when? \_\_\_\_\_

Job Performed \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Who Referred You to the City? \_\_\_\_\_ Agency \_\_\_\_\_ Current Employee \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ Other

**EDUCATION**

SCHOOL LEVEL	NAME & LOCATION OF SCHOOL	# OF YEARS ATTENDED	DEGREE, MAJOR OR TYPE OF COURSE
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
TRADE, BUSINESS,			
CORRESPONDENCE SCHOOL			

Do You Have a Current Driver's License? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes: CLASS \_\_\_\_\_ ENDORSEMENTS \_\_\_\_\_ NUMBER \_\_\_\_\_

STATE OF ISSUE: \_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_

**GENERAL**

Subjects of Special Study or Research Work \_\_\_\_\_

Special Training \_\_\_\_\_

Special Skills (i.e. Typing wpm, Steno Speed, etc.) \_\_\_\_\_

Special Interests/Experiences which you believe would make you a better candidate for this position \_\_\_\_\_

**MILITARY EXPERIENCE**

Were you in the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, What branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To: \_\_\_\_\_

Rank at Separation \_\_\_\_\_

Briefly Describe your Duties: \_\_\_\_\_

**FORMER EMPLOYERS (present employer or most recent employer first and explain all periods of unemployment)**

1. Name of Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Start Salary: \_\_\_\_\_ End Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Name of Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Start Salary: \_\_\_\_\_ End Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Name of Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
Start Salary: \_\_\_\_\_ End Salary: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Description of Work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

ATTACH ADDITIONAL SHEETS, IF NECESSARY

**REFERENCES: (Name three persons not related to you whom you have known for at least one year)**

NAME	ADDRESS	OCCUPATION	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**AUTHORIZATION (Please Read the Following Statements Carefully)**

I certify that the information contained in this application (accompanying resume or other submissions, if any) is correct and I have not omitted any information. I understand that falsification or omission of information may disqualify me from further consideration for employment or result in immediate dismissal if discovered at a later date.

I hereby authorize schools, references, and prior employers as listed above to provide my record, reason for leaving, and all other information and further release each from any and all liability or claims for damage whatsoever that may result therefrom.

I understand that no management official other than the City Administrator of the City has the authority to make oral or written agreements for employment for a specified time or for specified conditions of my employment. I further understand that any agreement for employment of a specified period of time or specified conditions of my employment must be reduced to writing and signed by the Mayor, City Administrator, and me.

I understand that my employment can be terminated with or without cause, at any time by the discretion of either the City or myself.

I certify and declare under penalty of perjury that the foregoing is true and correct.

I agree to abide by and conform to the City's rules and regulations.

\_\_\_\_\_  
Signature Date

FOR OFFICE USE ONLY: