

CITY OF TITONKA
011 MAIN ST. N., P.O. BOX
TITONKA, IA. 50480

***** Drug and alcohol testing required of all safety sensitive employees.*****

Please complete each section of this application if it applies to the position for which you are applying. Completed applications will be forwarded to the acting City Council as positions become available. The council will review the applications and schedule interviews. If you require further information, contact the City Clerk at 515-928-2850.

The City of Titonka is an equal opportunity employer and employment policies are the same for everyone without regard to race, color, national origin, age, sex, handicap, creed, religion or political affiliation. If you are hired by the City of Titonka, you are an employee at will and can be terminated for any or no reason. You may terminate your employment with the city at any time for any or no reason.

(PLEASE PRINT)

Date of application: _____

Position applied for: _____

Name: _____
(Last) (First) (Middle)

Present address: _____

Telephone number: _____

Social Security No: _____

	Yes	No
Are you currently employed?	___	___
May we contact your current employer?	___	___
Have you ever filed an application with us before?	___	___

	Yes	No
Are you currently on "lay-off" status, subject to recall?	___	___
Can you travel, if the job requires it?	___	___
I understand that maintaining a valid Iowa driver's license may be a requirement of this employment .	___	___
Do you possess a valid Iowa CDL?	___	___
On what date would you be available for work?	_____	
Are you able to work:		
Full-time _____ Part-time _____		

MACHINE OPERATORS/MAINTENANCE APPLICANTS ONLY

I certify that the following is a true and complete list of traffic accidents and/or violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 36 months.

Date	Offense	Type of Vehicle Operating
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that I have not been convicted or forfeited bond or collateral on account of any accident or violation during the past 36 months. I hereby give permission to check with the authorities to get an actual copy of my Motor Vehicle Driving Record.

SIGNATURE _____

LIFEGUARD/POOL MANAGER and/or ASSISTANT MGR. APPLICANTS ONLY

	Yes	No
Are you currently certified in RED CROSS CPR? Date of expiration: _____	___	___
Have you completed life guard training and any mandated updates?	___	___
Are you a RED CROSS certified Water Safety Instructor?	___	___
Are you a RED CROSS certified life guard trainer?	___	___

I understand that required training/certification must be current as a condition of employment. I also understand that copies of current certifications must be provided to the employer within one week of employment for placement in employee's personnel file.

SIGNATURE: _____

EDUCATION

High School

Name and Location: _____

Years completed: _____

Undergraduate College/University

Name and Location: _____

Years Completed: _____ Diploma/Degree: _____

Course of Study: _____

Graduate/Professional

Name and Location: _____

Years Completed: _____ Diploma/Degree: _____

Course of Study: _____

Describe any specialized training, apprenticeship, skills, and/or extracurricular activities that you received, developed, or were involved with while attending any of the above schools: _____

EMPLOYMENT EXPERIENCE

Begin with your present or last job. You may exclude organizations which indicate race, color, sex, gender, national origin, handicap or other protected status. Please cover at least the last five years.

1. Employer: _____
Address: _____ Phone No: _____
Dates Employed: _____
Job Title: _____ Supervisor: _____
Work Performed: _____
Reason For Leaving: _____

2. Employer: _____
Address: _____ Phone No: _____
Dates Employed: _____
Job Title: _____ Supervisor: _____
Work Performed: _____
Reason For Leaving: _____

3. Employer: _____
Address: _____ Phone No: _____
Dates Employed: _____
Job Title: _____ Supervisor: _____
Work Performed: _____
Reason for Leaving: _____

**** If you need additional space to list employment experiences, please continue on a sheet of plain paper. ****

REFERENCES

List three character references who are not related to you and are NOT previous employers:

Name: _____
Address: _____
Telephone No: _____ Relationship: _____

Name: _____
Address: _____
Telephone No: _____ Relationship: _____

Name: _____
Address: _____
Telephone No: _____ Relationship: _____