

CITY OF NORWALK  
705 NORTH AVENUE  
NORWALK, IA 50211  
(515) 981-0228

# Application for Employment

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Position Applying For

Title: \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

Full-time \_\_\_\_\_ or Part-time \_\_\_\_\_ Date Available: \_\_\_\_\_

## Veteran's Preference

Are you a U.S. Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of active duty \_\_\_\_\_  
Are you a member of the reserves or National Guard? Yes \_\_\_\_\_ No \_\_\_\_\_

Those wishing to claim veteran's preference must submit proof of service (DD214) which includes dates of active duty!

## Education

High School (Name, City, State): \_\_\_\_\_

Current Grade: 7 8 9 10 11 12 or Graduation Date: \_\_\_\_\_

Other (Name, City, State): \_\_\_\_\_

Area of Study: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Name and date of Degree or Certification: \_\_\_\_\_

Other (Name, City, State): \_\_\_\_\_

Area of Study: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Name and date of Degree or Certification: \_\_\_\_\_

## For Office Use Only:

Application Received: \_\_\_\_\_

Application Received by: \_\_\_\_\_

Application meets or exceeds minimum qualifications:  
Yes \_\_\_\_\_ No \_\_\_\_\_

Position Offered: \_\_\_\_\_

Offered by: \_\_\_\_\_

Position Accepted: Yes \_\_\_\_\_ No \_\_\_\_\_  
Hourly Wage: \_\_\_\_\_

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**Employment Record**

Have you ever been discharged or asked to resign from employment? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever been convicted of a crime other than a minor traffic violation? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you object to inquiry of your present employer in regard to your character, work record, qualifications, or abilities? Yes \_\_\_\_\_ No \_\_\_\_\_

*If you answered yes to any of the above questions, please give a brief explanation on a separate sheet.  
A yes answer does not automatically disqualify you from employment.*

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List below the positions you have held starting with your present or most recent employment:

Present or Last Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Last or present salary: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Full Time? Yes \_\_\_\_\_ No \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Last or present salary: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Full Time? Yes \_\_\_\_\_ No \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Last or present salary: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Full Time? Yes \_\_\_\_\_ No \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Last or present salary: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Full Time? Yes \_\_\_\_\_ No \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Last or present salary: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Full Time? Yes \_\_\_\_\_ No \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

List any in-service training or instruction courses or programs you have completed with the above listed employers: \_\_\_\_\_

Do you possess a valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you possess a valid Commercial Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_

If a license, certification, or other authorization to practice a trade or profession is required for the position for which you are applying, please submit a copy of these appropriate documents.

**BE SURE TO READ THIS STATEMENT BEFORE SIGNING**

I hereby certify, that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentations.

Sign Here in Ink: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF NORWALK**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of a full disclosure of all records concerning myself to any duly authorized agent, officer, or employee of the City of Norwalk, whether the said records are of public or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies; and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the US Veteran’s Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had interest. This authorization is to further give my consent for full and complete disclosure of any information, data, or opinions that any person, firm, corporation, or entity may have regarding my background, health, family, or personal attitudes.

I understand that any information obtained by a personal history background investigation, which is developed directly, or indirectly, in whole or in part, upon this release authorization will be considered in determining my eligibility for employment with the City of Norwalk. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information. I further release the City of Norwalk from any and all liability which may be incurred as a result of collecting such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING MY APPLICATION AND INTERVIEW ARE COMPLETE, TRUE, AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING, AND/OR INCOMPLETE INFORMATION ON MY APPLICATION AND INTERVIEW WILL RESULT IN MY APPLICATION BEING SET ASIDE FROM CONSIDERATION. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE CITY OF NORWALK.

I have read and fully understand the content of this “Authorization for Release of Personal Information”.

\_\_\_\_\_  
(Signature of Applicant)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Notary)