

**JOB APPLICATION  
CITY OF ALBIA**

**Personal Information:**

First, Middle, Last Name: \_\_\_\_\_

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

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

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parents Name (if under 18) \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of or plead no contest to a felony within the last 5 years? Yes\_ No\_\_

If yes explain \_\_\_\_\_

\_\_\_\_\_

Position Applied for: \_\_\_\_\_

Days/hours available \_\_\_\_\_

**Education:**

Name & Address of School – Degree/Diploma

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Skills & Qualifications: Licenses, Skills, Training, Awards** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYMENT HISTORY:

First Job? Yes \_\_\_\_\_ No \_\_\_\_\_

Present or Last Position

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ Position/Title \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Previous Position:

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Supervisor \_\_\_\_\_ Position/Title \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

References:

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Years Known: \_\_\_\_\_

I hereby certify the information contained in the application is true and complete. I understand that false information may be grounds for no hire or immediate termination at any point in the future if hired. I authorize the verification of any or all information listed above.

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