

**CITY OF PANORA**  
102 NW 2nd Street, PO Box 98  
Panora, Iowa 50216  
641.755.2164 tel  
641.755.3846 fax  
[www.cityofpanora.com](http://www.cityofpanora.com)

**APPLICATION FOR EMPLOYMENT**

**The City of Panora considers applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other non-work related factor.**

**As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained  
by  
calling City Hall.**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Have you ever applied for employment with the City? \_\_\_\_\_

When? \_\_\_\_\_ Are you eligible to work in the United States? \_\_\_\_\_

Position Desired: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Date you can start: \_\_\_\_\_ Full or part-time? \_\_\_\_\_

**EDUCATION**

Name and location of high school:

\_\_\_\_\_

Did you graduate? \_\_\_\_\_

| College &<br>Vocational Schools | City/State | Years<br>Attended | Degree<br>Received | Subject – Major |
|---------------------------------|------------|-------------------|--------------------|-----------------|
|                                 |            | From:             |                    |                 |
|                                 |            | To:               |                    |                 |
|                                 |            | From:             |                    |                 |
|                                 |            | To:               |                    |                 |

| College & Vocational Schools | City/State | Years Attended | Degree Received | Subject – Major |
|------------------------------|------------|----------------|-----------------|-----------------|
|                              |            | From:          |                 |                 |
|                              |            | To:            |                 |                 |
|                              |            | From:          |                 |                 |
|                              |            | To:            |                 |                 |

Additional information you wish to add: \_\_\_\_\_

\_\_\_\_\_

List all skills and certifications that may be relevant to the position applied for:

\_\_\_\_\_

\_\_\_\_\_

### **EMPLOYMENT HISTORY**

Starting with the most recent describe your last three paid employment situations. Please attach resume if available.

1. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Wages: Start: \_\_\_\_\_ End: \_\_\_\_\_

Job title and duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Wages: Start: \_\_\_\_\_ End: \_\_\_\_\_

Job title and duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Location: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_ Wages: Start: \_\_\_\_\_ End: \_\_\_\_\_

Job title and duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? \_\_\_\_\_

### **MILITARY EXPERIENCE**

Did you serve in the US Armed Forces? \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Rank at Discharge: \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Describe your duties and any special training: \_\_\_\_\_

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### **EMPLOYMENT REFERENCES**

List three references who can comment on your work experience and abilities.

| Name / Relationship | Address | Phone |
|---------------------|---------|-------|
|                     |         |       |
|                     |         |       |
|                     |         |       |

Have you ever been convicted of a crime other than a traffic violation? \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_

The information provided in this application for employment and attached resume (if applicable) is true, correct and complete. I authorize investigation of all statements contained in this application. I understand any misstatement or omission of fact on this application may result in forfeiture on my part of any employment in the service of the City of Panora. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application.

I further understand and agree that my employment is voluntary and at will, and for no definite period. It may be terminated by the City or by me at any time, regardless of the date of payment of wages and/or salary, with or without just cause, and with or without previous notice.

I also understand that a pre-employment physical exam may be required for the position for which I am applying and agree to participate in the medical exam procedures administered by the City and its associated medical professionals.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**TO BE COMPLETED BY CITY WHEN EMPLOYMENT BEGINS:**

Date hiring approved: \_\_\_\_\_ Approved by: \_\_\_\_\_

Date employment begins: \_\_\_\_\_

Permanent address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of pre-employment physical: \_\_\_\_\_ Pass Yes \_\_\_\_\_ No \_\_\_\_\_

In case of emergency contact:

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

Address: \_\_\_\_\_ Day telephone: \_\_\_\_\_

Evening telephone: \_\_\_\_\_