

CITY OF CASCADE

CASCADE MUNICIPAL UTILITIES

APPLICATION FOR EMPLOYMENT

320 1st Avenue W, PO Box 400, Cascade, Iowa 52033
 City: 563-852-3114 Utilities: 563-852-3614

Equal Opportunity Employer

(PLEASE PRINT)	POSITION APPLIED FOR:	DATE:
NAME		
ADDRESS:		TELEPHONE:
CITY	STATE	ZIP
EMAIL ADDRESS:		
If you are under 18 years of age, can you provide required proof of your		
eligibility to work?	Yes	No
Have you ever filed an application with us before?	Yes	No
Have you ever been employed with us before?	Yes	No
Are you currently employed?	Yes	No
May we contact your present employer?	Yes	No
On what date would you be available to start work?		
Are you available to work?	Full-Time	Part-Time
	Shift work	Temporary
Are you currently on "lay-off" status and subject to recall?	Yes	No
Can you travel if a job requires it?	Yes	No
Have you been convicted of a felony within the last 7 years:	Yes	No
If yes, please explain		

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate				
Other (Specify)				

Describe any specialized training, apprenticeship, or job related skills:

Describe any professional, trade, business or volunteer activities/offices held:

Employment Experience

Start with your present or most current job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities and other protected status.

Employer	Dates Employed	Job Title
Address		Work Performed:
Starting Salary	Current/Ending Salary	
Supervisor	Phone	
May we contact this person for a reference check?		
Reason for Leaving or Wanting to Leave		

Employer	Dates Employed	Job Title
Address		Work Performed:
Starting Salary	Current/Ending Salary	
Supervisor	Phone	
May we contact this person for a reference check?		
Reason for Leaving or Wanting to Leave		

Employer	Dates Employed	Job Title
Address		Work Performed:
Starting Salary	Current/Ending Salary	
Supervisor	Phone	
May we contact this person for a reference check?		
Reason for Leaving or Wanting to Leave		

If you need additional space, please attach a sheet of paper with the information.

References

1.	_____	_____
	(Name)	(Phone)

	(Address)	
2.	_____	_____
	(Name)	(Phone)

	(Address)	
3.	_____	_____
	(Name)	(Phone)

	(Address)	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 employer.

_____	_____
Signature of Applicant	Date