
City of Breda

108 N 2nd Street

P.O. Box 129

Breda, IA 51436

Phone: 712/673-2660

Email: cityclerk@citybreda.com

APPLICATION FOR EMPLOYMENT

The City of Breda is an Equal Opportunity Employer and does not discriminate in hiring or employment on the basis of race, color, religion, creed, national origin, age, sex, disability or U.S. Military Status with respect to qualified individuals. It is the policy of the City to hire only those who are authorized to work in the United States. Any offer of employment, if made, will be conditional upon your immediate production of documents required to prove your employment eligibility under the Immigration Reform Act of 1986.

Please let us know if you believe you require a reasonable accommodation to participate in the application process, including accommodations for a job interview, a test, or a job demonstration.

Answers to the following questions will be used only to gain relevant information pertaining to the position for which you have applied. **Please Print.**

Date: _____ Driver's License Number _____

Name: _____ Social Security Number ____/____/____
LAST FIRST MIDDLE

Address: _____
STREET CITY STATE ZIP

Telephone: (_____) _____ Alternative Phone: (_____) _____

Email Address: _____

General Information

Position applying for: _____ Location: _____

Full time: Part time: Hourly Income Expected: _____

How were you referred to us? _____

Date available for employment: _____

Have you ever been convicted of a crime involving a violent, fraudulent or dishonest act?

Yes No If yes, please explain: *(Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.)*

Education

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE ?	LIST DIPLOMA, DEGREE , GPA OR CERTIFICATE
			1	2	3	4		
HIGH SCHOOL								
COLLEGE								
OTHER (SPECIFY)								

Specific Skills

Employment history, including military service

(Start with your PRESENT or most recent position, then the next to the last, etc., so that NO time is omitted. Indicate full and part time work)

Military Service Record Armed Forces Service ____ Yes ____ No From _____ To _____

Branch of Service _____ Duties _____

Do you have any physical limitations that prohibit you from performing any work for which you are being considered? ____ Yes ____ No
If yes, please briefly describe _____

DATES				NAME & ADDRESS OF COMPANY	JOB TITLE, DUTIES & NUMBER OF PEOPLE SUPERVISED, IF ANY	SALARY	IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM		TO						
MO	YR	MO	YR					
						Start		
						Final		
						Start		
						Final		
						Start		
						Final		

						Start		
						Final		

May we contact the above employers? Yes No _____

Are there any other experiences, skills or qualifications which you feel would be relevant for work with our organization?

It is my understanding that the City will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers or oral interviews, and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any information concerning my background. I specifically waive written notice of such disclosures from my former employers. I understand that an inquiry may be made into my Motor Vehicle Record. In consideration of the City's review of this application, I release the City and all providers of information from any liability as a result of furnishing and receiving this information.

I understand that nothing contained in this application, or in the granting of an interview, creates an offer of employment. If I am granted employment, I agree to conform to the rules and regulations of the City of Breda. I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the City or myself.

I acknowledge the confidential nature of business conducted by the City and I agree, if employed, not to communicate to any outside person, any information concerning City business or customers of the City.

I understand that this application is good only for ninety (90) days from today's date. If I still desire a position with the City after this application expires, it will be my responsibility to fill out a new application and file it with the City. Otherwise, the City will not consider me for employment after this application expires.

The information on this and all employment forms is true and accurate to the best of my knowledge. In the event of employment, any falsification or misstatement of facts may be cause for dismissal.

SIGNATURE

DATE