

Application For Employment

(Pre-Employment Questionnaire)

CITY OF OSAGE
806 MAIN STREET
P O BOX 29
OSAGE IA 50461-0029

An Equal Opportunity Employer M/F/V/H

PLEASE PRINT OR TYPE ALL ANSWERS

Date of Application _____

1. Name _____
Last First Middle

2. Address _____

3. Social Security Number _____

4. Telephone Number _____

5. Are you 18 years of age or older? Yes _____ No _____

6. If presently employed, may we contact your employer? Yes _____ No _____

7. Do you have a valid driver's license? Yes _____ No _____

8. Are you a veteran of the U.S. Military service? Yes _____ No _____

9. Job/Position applied for _____

10. Starting pay expected \$ _____ per _____

11. Have you ever worked for the City of Osage? Yes _____ No _____

If yes, dates worked _____ to _____

12. Educational Background (Elementary School, High School, College or University, Technical or Vocational School, Other Educational Courses or Training)

Type of School	Name/Location	From		To		Courses or Major
		Mo	Yr	Mo	Yr	

13. List any diplomas, certificates, awards received through educational experience which relate to the job you are applying for.
14. List any special skills and qualifications from employment or other experience that you have acquired.
15. List any activities you participate in (civic, athletic, etc.) Exclude organizations, the name of which indicates race, creed, sex, age, marital status, color or nation of origin of its members.

16. Employment Experience List in order present or last employer first. If self-employed, please list.

A.	Employer _____	Job Description and Duties
	Employer's Address _____	_____
	_____	_____
	Supervisor's Name _____	_____
	Employed from _____	_____
	Mo/Yr	
	to _____	_____
	Mo/Yr	
	Check one: Part-time _____	_____
	Full-time _____	_____

B.	Employer _____	Job Description and Duties
	Employer's Address _____	_____
	_____	_____
	Supervisor's Name _____	_____
	Employed from _____	_____
	Mo/Yr	
	to _____	_____
	Mo/Yr	
	Check one: Part-time _____	_____
	Full-time _____	_____

C.	Employer _____	Job Description and Duties
	Employer's Address _____	_____
	_____	_____
	Employed from _____	_____
	Mo/Yr	
	to _____	_____
	Mo/Yr	
	Check one: Part-time _____	_____
	Full-time _____	_____

D. Employer _____	Job Description and Duties
Employer's Address _____	_____
_____	_____
Supervisor's Name _____	_____
Employed from _____	_____
Mo/Yr	
to _____	_____
Mo/Yr	
Check one: Part-time _____	_____
Full-time _____	_____

17. References: List the name, occupation or business, address and phone number of three persons with knowledge of your character, experience and ability that we may contact. Do not list relatives.

NAME AND OCCUPATION/BUSINESS	ADDRESS & PHONE NO.
1)	
2)	
3)	

18. CERTIFICATION OF APPLICANT:

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I also understand that I may be asked to undergo a pre-employment physical and drug test.

SIGNATURE OF APPLICANT: _____

DATE: _____