



City of West Union Parks and Recreation Department

P.O. Box 151; 612 Hwy 150 South
West Union, IA 52175
Office – 563-422-3685; Fax – 563-422-3320

APPLICATION FOR EMPLOYMENT

Personal Information

Name (Last, First, Middle):

Date:

Social Security Number:

Date of Birth:

Home Address:

Email:

City:

State:

Zip:

Home Phone:

Cell Phone:

Can you prove your U.S. Citizenship? Circle one: Yes No

If not a U.S. Citizen, give Visa No. and Expiration Date

Have you ever been charged with and/or convicted of a crime? If so, what offense/crime? When?

Position You Are Applying For – Include copies of all current certifications.

Title:

Salary Requirement:

Referred By:

Date You Can Start:

Education Record

High School (Name, City, State):

Graduation Date:

Business or Technical School (Name, City, State):

Dates Attended:

Degree Earned:

Undergraduate College (Name, City, State):

Dates Attended:

Degree Earned:

(please turn to next page)

Work History (give information about your last 3 jobs, starting with the most recent)

1-Employer:

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

2-Employer:

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

3-Employer:

Dates Employed:

Address:

City:

State:

Zip:

Phone:

Ending Salary:

Title/Duties:

Manager's Name and Title:

Reason for Leaving:

(please turn to next page)

Personal References (use people who know you well other than relatives)

1-Name:

Home Phone:

Work Phone:

Address:

City:

State:

Zip:

Relationship to You:

2-Name:

Home Phone:

Work Phone:

Address:

City:

State:

Zip:

Relationship to You:

3-Name:

Home Phone:

Work Phone:

Address:

City:

State:

Zip:

Relationship to You:

Please Read and Sign

This employer does not discriminate on the basis of handicapped status in the admission or access to, or treatment of, or employment in, its programs or activities. It is the policy of this employer to provide reasonable accommodations to known physical and mental limitations of qualified handicapped applicants and employees in order for them to perform the essential functions of the job in question.

Signature:

Date:
