



## City of Muscatine Seasonal Employment Application

It is the policy of the City of Muscatine not to discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry, religion, age, political affiliation, or disability or any other characteristic protected by law. The City is an EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, and recognizes the requirements of THE AMERICANS WITH DISABILITIES ACT.

Today's Date: \_\_\_\_\_ Position You are Applying for: \_\_\_\_\_  
 Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

Are you 18 Years or older:      Yes      No

Do you have any relatives presently employed with the City of Muscatine?      Yes      No

If yes, list names, departments they work in, and your relationship to them:

**EDUCATION:**                      (List high school and post-high school)

| Name of Institution | Location | Degree/Major | Year Graduated |
|---------------------|----------|--------------|----------------|
|                     |          |              |                |
|                     |          |              |                |

**TRAINING AND SPECIAL SKILLS (including machinery, equipment, office machines, ect.):**

**REFERENCES: Please include name, how acquainted, and phone number (Do not include relatives or former supervisors.):**

| Name | How Acquainted | Phone Number |
|------|----------------|--------------|
|      |                |              |
|      |                |              |

**EMPLOYMENT HISTORY:**

Start with your present or last position and list all previous employment

|                           |  |  |               |
|---------------------------|--|--|---------------|
| Name of last employer     |  | Supervisor's name, title, phone number |               |
| Address of last employer  | Type of business   | Starting date                          | Ending date   |
| Your job title            | Reason for leaving   | Starting salary                        | Ending salary |
| Full -time      Part-time | Hours per week      Description of duties and responsibilities |  |               |
|                           |  |  |               |
| Name of last employer     |  | Supervisor's name, title, phone number |               |
| Address of last employer  | Type of business   | Starting date                          | Ending date   |
| Your job title            | Reason for leaving   | Starting salary                        | Ending salary |
| Full -time      Part-time | Hours per week      Description of duties and responsibilities |  |               |
|                           |  |  |               |
| Name of last employer     |  | Supervisor's name, title, phone number |               |
| Address of last employer  | Type of business   | Starting date                          | Ending date   |
| Your job title            | Reason for leaving   | Starting salary                        | Ending salary |
| Full -time      Part-time | Hours per week      Description of duties and responsibilities |  |               |
|                           |  |  |               |

**Have you ever been convicted for an offense other than a traffic violation?**

Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

**PLEASE READ BEFORE SIGNING:**

I hereby certify that the answers given by me to the questions on this application and statements made are true and correct without omissions of any kind. I understand that employment with the City may be contingent upon the results of a physical examination which will be given after a job offer is made, and that a drug screen may be required. I also authorize the officials of any educational institution, company, a agency, or firm to release any and all information allowed by law that concerns me relating to my person or work history to the City of Muscatine, Iowa for the purpose of reference and/or background investigation. I am actively seeking employment and am signing this voluntarily and release any individual, partnership, corporation, or agency, their officers, agents, and employees from any liability for issuing such information. A photostatic copy of this authorization is considered valid for the purposes named above.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*You may attach a resume, cover letter, and/or any additional relevant information to this application.*