



City of Durant	(Ph.) 563.785.4451
402 6 <sup>th</sup> Street PO Box 818	(Fax) 563.785.6809
Durant, IA 52747-0818	

## EMPLOYMENT APPLICATION

The City of Durant Iowa does not discriminate in hiring on the basis of sex, age, race, color, religious creed, marital status, national origin, or physical or mental disability unrelated to ability to perform the work required. City of Durant is an Equal Opportunity Employer.

Full Name \_\_\_\_\_ Date \_\_\_\_\_  
First                      Middle                      Last

Address \_\_\_\_\_ Social Security # \_\_\_\_\_

Telephone \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Position applying for with City of Durant: \_\_\_\_\_

Must be 18 or Older    Have you previously applied? Yes \_\_\_ No \_\_\_

Are you willing to work any shift? Yes \_\_\_\_\_ No \_\_\_\_\_

You must be available to work weekends and holidays.

Are you legally eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ *proof required upon employment.*

**Military Service:** *The following section is required by Iowa Code 35 C.1*

Have you ever served on active duty in the Armed Forces of the United States?

Yes \_\_\_ No \_\_\_ Branch \_\_\_\_\_ Serial # \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Rank upon discharge \_\_\_\_\_ Duties: \_\_\_\_\_

Highest Rank attained: \_\_\_\_\_

For what war or conflict did you serve? \_\_\_\_\_

Member of Reserve/National Guard? Yes \_\_\_\_\_ No \_\_\_\_\_

**Education:**

Indicate by circling highest grade completed:

Grade School: 1 2 3 4 5 6 7 8 Name of School: \_\_\_\_\_

High School: 9 10 11 12 Name of School \_\_\_\_\_

College: 1 2 3 4 Name of College or University: \_\_\_\_\_

Other: \_\_\_\_\_

Please list any other licenses or certifications completed: \_\_\_\_\_

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### EMPLOYMENT RECORD

1. Name \_\_\_\_\_ From \_\_\_\_\_ TO \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Position and Duties: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Wage Start \_\_\_\_\_ End \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
2. Name \_\_\_\_\_ From \_\_\_\_\_ TO \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Position and Duties: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Wage Start \_\_\_\_\_ End \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
3. Name \_\_\_\_\_ From \_\_\_\_\_ TO \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Position and Duties: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Wage Start \_\_\_\_\_ End \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

### REFERENCES- (non-relatives)

- 1.) Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ How long acquainted? \_\_\_\_\_
- 2.) Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ How long acquainted? \_\_\_\_\_
- 3.) Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone \_\_\_\_\_ How long acquainted? \_\_\_\_\_

**Driving Record**

Has your driver's license in any state ever been revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any unpaid traffic tickets? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe the nature of any and all motor vehicle accidents in which you were involved as a driver. \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of operating a motor vehicle while intoxicated? Yes \_\_\_ No \_\_\_

If you answered yes to any of the above, state condition, treatment and year of treatment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you aware of any physical and/or mental limitation that might possibly prevent you from handling your duties? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Please read carefully before signing:

*I certify that I have made no willful falsification, misrepresentation or omission in completing this application, and that the entries made by me herein are true, complete and accurate to the best of my knowledge. I understand that, if employed, false or misleading statement on this application shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature below is just cause for rejection on this application.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*I hereby acknowledge that the selection process for this position is subject to Iowa open meetings and records. To the extent allowed by law, I request my application be kept confidential. I further request that the sessions in which my qualifications are reviewed and discussed be done in closed session as to protect my reputation.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

If you choose to not sign this acknowledgement or request, your application may become public record and considerations of you application may be done in open session.

**Please mail applications to: City of Durant**

**PO Box 818**

**Durant IA 52747-0818**

**You may drop applications off at: City Hall 402 6<sup>th</sup> Street Durant IA 52747**

**No faxing or emailing of application accepted.**

Resumes are also recommended with the applications. Any questions, please call city hall 563-785-4451 or email [dcavin@cityofdurantiowa.com](mailto:dcavin@cityofdurantiowa.com).