



City of Durant  
402 6<sup>th</sup> Street PO Box 818  
Durant, IA 52747-0818

(Ph) 563.785.4451  
(Fax) 563.785.6809

## 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.

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

Address: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Phone Number: \_\_\_\_\_

EMAIL Address: \_\_\_\_\_

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

Desired hourly rate: \_\_\_\_\_ Available start date: \_\_\_\_\_

Are you age 18 or Older: Yes \_\_\_\_\_ No \_\_\_\_\_ 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 eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ *proof required upon employment.*

**Military Service:** 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: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

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

Was any type of formal disciplinary action taken against you in the service? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe: \_\_\_\_\_

**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: \_\_\_\_\_
4. Name \_\_\_\_\_ From \_\_\_\_\_ TO \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Position and Duties: \_\_\_\_\_  
Supervisor \_\_\_\_\_ Wage Start \_\_\_\_\_ End \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
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?\_\_\_\_\_

### **Criminal Background**

Have you ever been convicted of a serious misdemeanor or felony, or forfeited a bond for any reason? Yes\_\_\_\_\_No\_\_\_\_\_

If yes, list below. Include juvenile as well as adult occurrences.

Nature of Charge	Date	Police Agency	Final disposition

### **Credit Check**

The City of Durant will perform a credit check of your financial history.

Have you ever filed for bankruptcy, been sued or had your wages garnished for non-payment of a debt? Yes\_\_\_\_\_No\_\_\_\_\_

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:\_\_\_\_\_

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

Why are you interested in this position?\_\_\_\_\_

\_\_\_\_\_

What are your strengths relevant to this job? \_\_\_\_\_

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 your application may be done in open session.

**Please mail applications with resumes 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).