



# APPLICATION FOR EMPLOYMENT

## City of Scranton

1006 Main, P.O. Box 428  
Scranton, IA 51462-0428  
(712) 652-3888

Equal Opportunity Employer

Position applying for:
Date Available for work:
Minimum Wage Requirement:

**NOTICE:** Application must be clearly printed in ink. If an item does not apply to you, or you have no information to furnish, print in the letters "N/A" meaning Not Applicable. This application requires the applicant's signature and date of signature (refer to the last page of this application).

### PERSONAL

Name in full (Last, first, middle)	Social Security Number:
List any other names you have used (ex: maiden name, nick names, legal name changes, etc.)	Place of Birth:
	U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No

### RESIDENCES

Present Residence Address: (Apartment, street, state, zip code)	Home Phone:
	Message Phone:

List chronologically all of your residences in the past 10 years. Include addresses while attending school, if away from home, and all military addresses including any off military base.

Dates		Street Address	City	State
From	To			

### EDUCATION

School	Location	Major	Diploma

List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognition you received while attending school.	List any special abilities.

# EMPLOYMENT HISTORY

List below, in reverse order the positions you have held starting with your present or most recent employment. If more than one position or classification has been held within a given organization, list each position or classification as a separate period of employment. Be sure to specifically describe each separate assignment in military service. Under "Specific Duties" emphasize your own specific tasks including kind of work and supervisory, technical or other responsibilities so as to give a clear picture of the duties you have performed. If employment included supervisory responsibilities, give number and type of employees supervised. Give as complete information as possible.

Present or Last Employer	Dates of Employment From:                      To:	Salary or Earnings Starting                      Final	Job Title:
Employer's Mailing Address: (Street, City, State & Zip)	Description of duties:		
Type of Business:	_____		
Name of Supervisor:	_____		
May we contact?      Yes      No	_____		
Phone Number:	Reason for leaving or wanting to leave:		

Previous Employer	Dates of Employment From:                      To:	Salary or Earnings Starting                      Final	Job Title:
Employer's Mailing Address: (Street, City, State & Zip)	Description of duties:		
Type of Business:	_____		
Name of Supervisor:	_____		
May we contact?      Yes      No	_____		
Phone Number:	Reason for leaving:		

Previous Employer	Dates of Employment From:                      To:	Salary or Earnings Starting                      Final	Job Title:
Employer's Mailing Address: (Street, City, State & Zip)	Description of duties:		
Type of Business:	_____		
Name of Supervisor:	_____		
May we contact?      Yes      No	_____		
Phone Number:	Reason for leaving:		

Previous Employer	Dates of Employment From:                      To:	Salary or Earnings Starting                      Final	Job Title:
Employer's Mailing Address: (Street, City, State & Zip)	Description of duties:		
Type of Business:	_____		
Name of Supervisor:	_____		
May we contact?      Yes      No	_____		
Phone Number:	Reason for leaving:		

Please check the equipment below that you have experience operating:

<input type="checkbox"/> computer	<input type="checkbox"/> word processing software	<input type="checkbox"/> spreadsheets software	<input type="checkbox"/> adding machine	<input type="checkbox"/> copy machine	<input type="checkbox"/> fax machine
-----------------------------------	---	--	---	---------------------------------------	--------------------------------------

Previous Employer	Dates of Employment From: To:	Salary or Earnings Starting Final	Job Title:
Employer's Mailing Address: (Street, City, State & Zip)	Description of duties:		
Type of Business:			
Name of Supervisor:			
May we contact? Yes No			
Phone Number:	Reason for leaving:		
Previous Employer	Dates of Employment From: To:	Salary or Earnings Starting Final	Job Title:
Employer's Mailing Address: (Street, City, State & Zip)	Description of duties:		
Type of Business:			
Name of Supervisor:			
May we contact? Yes No			
Phone Number:	Reason for leaving:		
Previous Employer	Dates of Employment From: To:	Salary or Earnings Starting Final	Job Title:
Employer's Mailing Address: (Street, City, State & Zip)	Description of duties:		
Type of Business:			
Name of Supervisor:			
May we contact? Yes No			
Phone Number:	Reason for leaving:		
Previous Employer	Dates of Employment From: To:	Salary or Earnings Starting Final	Job Title:
Employer's Mailing Address: (Street, City, State & Zip)	Description of duties:		
Type of Business:			
Name of Supervisor:			
May we contact? Yes No			
Phone Number:	Reason for leaving:		
Previous Employer	Dates of Employment From: To:	Salary or Earnings Starting Final	Job Title:
Employer's Mailing Address: (Street, City, State & Zip)	Description of duties:		
Type of Business:			
Name of Supervisor:			
May we contact? Yes No			
Phone Number:	Reason for leaving:		
Previous Employer	Dates of Employment From: To:	Salary or Earnings Starting Final	Job Title:
Employer's Mailing Address: (Street, City, State & Zip)	Description of duties:		
Type of Business:			
Name of Supervisor:			
May we contact? Yes No			
Phone Number:	Reason for leaving:		

## PERSONAL REFERENCES

Please list 3 references other than relatives or previous employers.

Name	Complete Mailing Address & Zip Code	Phone Number

## MILITARY RECORD

Are you a member of the Reserve or National Guard? <span style="float: right;">Yes    No</span>	List branch and location.	Have you ever served on active duty in the Armed Forces of the United States? <span style="float: right;">Yes    No</span>	List the highest rank you attained:
Branch of military service	Serial number	Type of discharge	Dates of active duty (month, day, year) From:                      To:

## OPERATOR'S LICENSE

Has your driver's license ever been suspended or revoked? <span style="float: right;">Yes    No</span>	Do you have a valid Iowa operator's license? <span style="float: right;">Yes    No</span>	Drivers license number:	Class	State
---	--	-------------------------	-------	-------

## COURT RECORD

Have you ever been arrested or charged with any violation, including any traffic offenses? <span style="float: right;">Yes    No</span>	Have you ever been a plaintiff or defendant in any court action? <span style="float: right;">Yes    No</span>	If yes, give date, place, court, names of parties involved, nature of action, and final disposition.
--	--	--

List all such matters even if not formally charged, or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral.

Date	Place	Charge	Disposition	Details

Has any member of your immediate family (ex. spouse, parents, brothers or sisters) ever been arrested for any violation? If yes, list below.

Date	Name	Relationship	Charge	Disposition

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

# PLEASE READ CAREFULLY BEFORE SIGNING

## APPLICATION FORM WAIVER

In exchange for the consideration of my job application by The City of Scranton (hereinafter called "the City"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other City practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered, except by a written instrument signed by the Mayor and the undersigned. Both the undersigned and The City of Scranton may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the City may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the City permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the City from any liability as a result of such contract.

I also understand that (1) the City has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the City may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the City, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the City shall be probationary for a period of six months, and further that at any time during the probationary period or thereafter, my employment relation with the City is terminable at will for any reason by either party.

### Fair Credit Act Disclosure Notice

This is to inform you that, as part of our procedure for processing your employment application, or in making this application for employment, it is understood that an investigation of your credit history may be made, whereby information is obtained through personal contact with individuals with whom you are acquainted. Inquiries will include checking records that can include information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

This City is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this City depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.



# City of Scranton

1006 Main Street, P.O. Box 428, Scranton, IA 51462-0428

712-652-3888

• [scrantn@netins.net](mailto:scrantn@netins.net)

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Scranton, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the recollections of attorneys at law, or other counsel whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had any interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the State of Iowa. I also certify that any person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the City of Scranton from any and all liability which may be incurred as a result of collecting such information.

I hereby swear and affirm that each statement and all information in or supplementing this application (personal and physical evaluation) are complete, true, and accurately recorded to the best of my knowledge. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION ON THIS QUESTIONNAIRE IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and fully understand the contents of this "Authorization for Release of Personal Information" and that I have the right to review and contest any information used for the evaluation for employment in accordance with Section 19A-15 of the Code of Iowa.

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

\_\_\_\_\_  
Date