

# CITY OF BURT

119 Walnut Street, P.O. Box 197

Burt, Iowa 50522-0197

Office (515)924-3618

Fax (515)924-3860

cityclerk@burtiowa.com

Office of Mayor and City Council

www.burtiowa.com

\*\*\* Drug & Alcohol testing required of all safety sensitive employees\*\*\*

Please Complete Each Section of the Application: Please Print.

Date of Application: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

Are you currently employed: \_\_\_\_\_

May we contact your current Employer: \_\_\_\_\_

Do you have a current driver's license: \_\_\_\_\_

When would you be available to start working: \_\_\_\_\_

This job requires you to be flexible, will that be a problem: \_\_\_\_\_

## Employment Experience:

Begin with your present or most recent job. Please cover at least the last five years.

1. Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

# CITY OF BURT

119 Walnut Street, P.O. Box 197

Burt, Iowa 50522-0197

Office (515)924-3618

Fax (515)924-3860

cityclerk@burtiowa.com

Office of Mayor and City Council

www.burtiowa.com

3. Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Job Title: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## References:

List three references who are NOT related and are NOT previous employers:

1. Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Education:

High School Name & Location: \_\_\_\_\_

Did You Graduate: \_\_\_\_\_ Year: \_\_\_\_\_

## Undergraduate College/University

College/University Name & Location: \_\_\_\_\_

Years Completed: \_\_\_\_\_ Diploma/Degree: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills, and/or extracurricular activities that you received, developed, or were involved in while attending any of the above schools: \_\_\_\_\_

---

---

---

---

**CITY OF BURT**

**119 Walnut Street, P.O. Box 197**

**Burt, Iowa 50522-0197**

**Office (515)924-3618**

**Fax (515)924-3860**

**cityclerk@burtiowa.com**

**Office of Mayor and City Council**

**www.burtiowa.com**

Do you have any other information or specialized skills you would like us to know about: \_\_\_\_\_

---

---

---

---

---

---

I certify that I have not been convicted or forfeited bond or collateral on account of any accident or violation during the past 36 months. I hereby give permission to check with the authorities to get an actual copy of my Motor Vehicle Driving Record, and all this information is correct.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_