

**CITY OF TITONKA
543 DIECKMAN ST NE
PO BOX 382
TITONKA, IA 50480**

Drug and 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? _____

CAN YOU TRAVEL IF THE JOB REQUIRES? _____

DO YOU POSSESS A VALID IOWA CDL? _____

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

MACHINE OPERATORS/MAINTENANCE APPLICANTS ONLY

Please list any traffic accidents and/or violations (other than parking violation) for which you have been convicted or forfeited bond or collateral during the past 36 months.:

DATE	OFFENSE	TYPE OF VEHICLE OPERATING
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

SIGNATURE _____

EDUCATION

HIGH SCHOOL

Name and Location: _____

Did you graduate? _____ Year? _____

UNDERGRADUATE COLLEGE/UNIVERSITY

Name and 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 with while attending any of the above schools:

EMPLOYMENT EXPERIENCE

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

1. Employer: _____
Address: _____ Phone No. _____
Dates Employed: _____
Job Title: _____
Supervisor: _____
Duties: _____
Reason for leaving: _____

2. Employer: _____
Address: _____ Phone No. _____
Dates Employed: _____
Job Title: _____

Supervisor: _____
Duties: _____
Reason for leaving: _____

3. Employer: _____
Address: _____ Phone No. _____
Dates Employed: _____
Job Title: _____
Supervisor: _____
Duties: _____
Reason for leaving: _____

4. Employer: _____
Address: _____ Phone No. _____
Dates Employed: _____
Job Title: _____
Supervisor: _____
Duties: _____
Reason for leaving: _____

REFERENCES

List three references who are not related to you and are NOT previous employers:

Name: _____
Address: _____
Telephone No. _____
Relationship: _____

Name: _____
Address: _____
Telephone No. _____
Relationship: _____

Name: _____
Address: _____
Telephone No. _____
Relationship: _____