

**City of Swisher**  
**66 Second Street SW, P. O. Box 279, Swisher, Iowa 52338-0279**  
**319-857-4539**

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Name: \_\_\_\_\_  
Last First Middle (Maiden)

Other names that you are known by or have used: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City, State, Zip+4

Mailing Address, if different: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_ If less than ten (10) years at this address, please list previous addresses and dates of residency.

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

Home telephone number: \_\_\_\_\_ e-mail: \_\_\_\_\_

Other telephone number that you may be reached by: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No *Proof of citizenship or immigration status will be required upon employment.*

Are you a veteran? ☐ Yes ☐ No

If you are a veteran, list Branch of Military and Years of Service: \_\_\_\_\_

Do you have a current Iowa Drivers License? ☐ Yes ☐ No Type: \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_  
Month/Year

License No. \_\_\_\_\_ Driving History (citations/accidents): \_\_\_\_\_

\_\_\_\_\_  
I understand that my driving record may be reviewed if the position I am considered being hired for requires me to drive a vehicle for the City. \_\_\_\_\_ (Initialed)

Have you been convicted of a crime?(misdemeanor or felony) and excluding traffic offenses  
☐ Yes ☐ No

*Conviction will not necessarily disqualify an applicant from employment.*

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

\_\_\_\_\_  
Under Federal and State laws, certain positions with the City require that employees take physicals, take a pre-employment drug test and remain subject to periodic testing. If pre-employment drug test is not passed, you will not be hired. If a problem arises with positions requiring physicals, reasonable accommodations will be made based upon the job description.

## EDUCATION

High School Attended: \_\_\_\_\_ City: \_\_\_\_\_

Graduated: ☐ Yes ☐ No      G.E.D. ☐ Yes ☐ No

Classes taken that may be helpful for the position for which you are applying: \_\_\_\_\_

List Schools and/or training that you have received after high school.

Name, Location of School

Describe degree/classes/training taken

## EMPLOYMENT HISTORY

Employer

Address &amp; Telephone

Supervisor

Name &amp; Title

## Dates

Employed

## Job Description

## Special Skills or Qualifications and Honors:

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**REFERENCES** (List three professional contacts and two personal references including their titles, companies, addresses and phone numbers.)

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Attached pages include (list such paperwork as resume or additional pages for training, etc.)

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Position applying for: \_\_\_\_\_ ☐ Full Time ☐ Part Time ☐ Seasonal

Other positions I am interested in if they become open: \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 6 months.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Swisher "at will" nature, which means that the employee may resign at any time and the Employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged by action of the Swisher City Council.

In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer

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