

CITY OF EYOTA
SUMMER RECREATION EMPLOYMENT APPLICATION



EQUAL EMPLOYMENT OPPORTUNITY STATEMENT:

It is the City of Eyota's Policy not to discriminate in its employment and personnel practices because of a person's age, sex, race, marital status, creed, color, national origin, religion, disability, citizenship, veteran status and ancestry unless based upon a bona fide occupational qualification.

PERSONAL INFORMATION:

Name: _____
(Please Print) Last First Middle Initial

Address: _____
 Street City State Zip Code

Home Phone: _____ Cell Phone: _____

E-mail: _____

- 1.) If hired, can you provide proof you are at least 14 years of age? _____
- 2.) Circle all days and hours available: M T W TH F AM PM
- 3.) Have you worked for the City of Eyota before? Yes___ No___ If "yes", indicate dates of employment and title: _____
- 4.) Have you been convicted of a felony or misdemeanor? Yes___ No___ If "yes", explain:

- 5.) Can you perform the essential functions of the position, with or without accommodation? Yes___
No___ If not, explain: _____

EDUCATION:

High School: _____ Graduated? Yes___ No___
 Name of School Location

College: _____ Graduated? Yes___ No___
 Name of School Location

Other: _____ Graduated? Yes___ No___
 Name of School Location

OTHER QUALIFICATIONS:

WORK EXPERIENCE: Please list all employment, most recent position first(complete all blanks)

1. _____
Company Name Address Telephone

Length of Employment: _____ Title: _____ Salary: _____

Supervisor's Name: _____ Reason for Leaving: _____

Briefly describe your job duties: _____

2. _____
Company Name Address Telephone

Length of Employment: _____ Title: _____ Salary: _____

Supervisor's Name: _____ Reason for Leaving: _____

Briefly describe your job duties: _____

May we contact your present employer? Yes___ No___

May we contact other employers listed? Yes___ No___

PERSONAL REFERENCES: Please list three personal references who are not relatives or employers.

1. _____
Name Occupation Telephone Years Known

2. _____
Name Occupation Telephone Years Known

3. _____
Name Occupation Telephone Years Known

My signature indicates that I have read the Equal Employment Opportunity statement above and authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts may result in rejection of my application or dismissal of employment if hired.

Signature of Applicant

Date

**- Incomplete applications may be disregarded.*