## CITY OF TOLEDO APPLICATION FOR EMPLOYMENT

## The City of Toledo is an Equal Opportunity Employer

The law prohibits discrimination in hiring due to age, race, color, creed, sex, national origin, religion, disability, or veteran's status.

(Print neatly and complete all blanks)

Auxiliary aids and services are available upon request to individuals with disabilities.

PERSONAL INFORMATION:						
Full Name:First	Middle Initia	al	Last			
Current Address:Number Street	t/PO Box	City	State			
Telephone Number:		•		•		
Are you 18 years of age or older?				_		
Are you legally able to work in the U	Jnited States? Yes	or No				
Are you a military Veteran as define	ed in Iowa Code Sec	tion 35.1? Yes	or No			
If yes, provide dates of active duty:		_ to				
Have you ever been known by any on this application? Yes on		his company will rec	quire to verify any o	f the information		
If yes, provide all other name(s):						
POSITION DESIRED:						
Job Title:	Date you can	start:	Wage Desired:			
Are you available for work: Full-T	ime Part-Tim	e Shift Work	Seasonal			
EDUCATION:						
Do you have a High School Diploma	a or GED? Yes	or No				
Name of the last school attended: _		City:	Stat	te:		
Circle Last year of school complete	d: 6 7 8 9 1	0 11 12 13 14 15	16 17 18			
Circle the highest degree earned: I	High School Diploma	GED Certificate	AA BD MD PHD	Other		

Area of Concentration and/or degre	e(s), certificates, licenses, en	dorsements:		
Other Training or Skills (factory or o	ffice machines operated, spe	·	·	
EMPLOYMENT HISTOR	RY:			
Former Employment (List employers	, starting with the current or most re	cent. Explain all gaps in time of e	employment.)	
Company Name:		Job Title:		
Address: Number Street	City	State	Zip	
Start Date:	End Date:	Rate of Pay:		
Detailed Job Duties:				
Reason for Leaving:				
Company Name:	Job Title:			
Address: Number Street	City	State	Zip	
Start Date:	End Date:	Rate of Pay:		
Detailed Job Duties:				
Reason for Leaving:				

Company Name:	Job Title:			
Address:				
Number Street	City	State	Zip	
Start Date:	End Date:	_ Rate of Pay:		
Detailed Job Duties:				
Reason for Leaving:				
May we contact your former emplo	oyers to verify this information?	Yes or No		
May we contact your present empl	oyer? Yes or No			
Please provide any additional inforthis position:				
City of Toledo's evaluation By The City of Toledo or Obtained from state mote The City of Toledo's insu The City of Toledo or its	characteristics (Statement of Authorization: I am aware that motor vehicle report on only for my job application and/or exits insurance company representative or vehicle departments, my driving represented program. By signing this stater insurance company representative(s) appropriate, to evaluate my insurability.	orts may be obtained as partemployment. The reports me(s), and may include persecord, or an assessment of ment, I hereby provide my atto procure such information.	ay be procured onal information my insurability for authorization for	
SIGNATURE FOR AUTHO	RIZATION:			
I authorize investigation of that all information is true these facts is cause to elidismissal.	e. I understand that omis	sion or misrepres	sentation of	
Signature:		Date:		