



# City of West Union

P.O. Box 151, 612 Hwy 150 S.  
West Union, IA 52175  
Office - 563-422-3908; Fax 563-422-3320

## APPLICATION FOR EMPLOYMENT

### Personal Information

Name (Last, First, Middle): \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Can you prove your U.S. Citizenship? Circle one: Yes No  
If not a U.S. Citizen, give Visa No. and Expiration Date

Have you ever been charged with and/or convicted of a crime? If so, what offense/crime? When?

### Position You Are Applying For – Include copies of all current certifications.

Title: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Referred By: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

### Education Record

High School (Name, City, State): \_\_\_\_\_

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

Business or Technical School (Name, City, State): \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Undergraduate College (Name, City, State): \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

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**Personal References (use people who know you well other than relatives)**

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1-Name:

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Home Phone:

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Work Phone:

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Address:

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City:

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State:

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Zip:

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Relationship to You:

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2-Name:

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Home Phone:

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Work Phone:

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Address:

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City:

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State:

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Zip:

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Relationship to You:

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3-Name:

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Home Phone:

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Work Phone:

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Address:

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City:

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State:

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Zip:

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Relationship to You:

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**Please Read and Sign**

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This employer does not discriminate on the basis of handicapped status in the admission or access to, or treatment of, or employment in, its programs or activities. It is the policy of this employer to provide reasonable accommodations to known physical and mental limitations of qualified handicapped applicants and employees in order for them to perform the essential functions of the job in question.

Signature:

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Date:

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