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 Initial	Last
Current Address:		
Number Street/	PO Box City	State Zip
Telephone Number:	Social Security Num	nber:
Are you 18 years of age or older?	Yes or No	
Are you legally able to work in the U	nited States? Yes or	No
Are you a military Veteran as defined	in Iowa Code Section 35.1?	Yes or No
If yes, provide dates of active duty: _	to	
Have you ever been known by any c on this application? Yes or		ny will require to verify any of the inform
If yes, provide all other name(s):		
· · · · · · · · · · · ·		
POSITION DESIRED:		
Job Title:	Date you can start:	Wage Desired:
Are you available for work: Full-Tir	ne Part-Time SI	hift Work Seasonal
EDUCATION:		
Do you have a High School Diploma	or GED? Yes or	No
Name of the last school attended:	Cit	y: State:
Circle Last year of school completed	: 67891011121;	3 14 15 16 17 18
Circle the highest degree earned: H	igh School Diploma GED Cer	tificate AA BD MD PHD Other

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Area of Concentration and/or de	egree(s), certificates,	licenses, er	ndorsements:
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Other Training or Skills (factory or office machines operated, special courses, computer skills, etc):

EMPLOYMENT HISTORY:

Former Employment (List employers, starting with the current or most recent. Explain all gaps in time of employment.)

Company Name:		Job Title:		
Address:				
Number Street	City	State	Zip	
Start Date:	End Date:	Rate of Pay:	<u> </u>	
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					
Number	Street	City		State	Zip
Start Date:		End Date:		Rate of Pay:	
Detailed Job Duties:					
Reason for Leaving:			·····		
May we contact your	former employe	ers to verify this infor	mation?	Yes or No)
May we contact your	present employ	rer? Yes 🤤 d	or No		
Please provide any a this position:					
MOTOR VEHICLE R Statemen City of To By The C Obtained The City o The City o time-to-tim	RECORDS REL t of Authorization ledo's evaluation ity of Toledo or its from state motor of Toledo's insura of Toledo or its ins ne, as deemed ap	I am aware that moto only for my job applica insurance company r vehicle departments, r nce program. By signi surance company repr opropriate, to evaluate	f Authorization) r vehicle reports n ation and/or emplo epresentative(s), a my driving record, ng this statement, esentative(s) to pr	nay be obtained as pay yment. The reports n and may include pers or an assessment of I hereby provide my	art of The nay be procured onal information my insurability for authorization for
SIGNATURE FO					

I authorize investigation of all statements contained in the application. I certify that all information is true. I understand that omission or misrepresentation of these facts is cause to eliminate this application for consideration or for dismissal.

Signature:	Date:	