

The City of Calamus
calamusclerk@fbcom.net
1-563-246-2755

APPLICATION FOR EMPLOYMENT

The City of Calamus is an equal opportunity employer and committed to excellence through diversity. Please print or type.

Personal Information

Name: _____

Address/City/State/Zip: _____

Phone Number: _____ Email Address: _____

Are you legally eligible to work in the United States? Yes ___ No ___

Are you able to perform the essential functions of the position? Yes ___ No ___

The minimum age for this position is 18. Do you meet that requirement? Yes ___ No ___

Are you a Veteran? Yes ___ No ___

If selected for employment, are you willing to submit to a background check? Yes ___ No ___

If selected for employment, are you willing to complete a physical? Yes ___ No ___

If selected for employment, are you willing to complete a drug screen? Yes ___ No ___

If selected for employment, are you willing to complete a motor vehicle records check? Yes ___
No ___

Position

Position you are apply for: _____

Available start date: _____

Desired pay rate: _____

Employment desired: Full time ___ Part Time ___ Seasonal/Temporary Part Time ___

Education/Training/Certifications:

School Name: _____

Location: _____

Years Attended: _____

Degree Received: _____

Major: _____

References:

Name/Phone/Email/Relationship: _____

Name/Phone/Email/Relationship: _____

Name/Phone/Email/Relationship: _____

Employment history:

Employer: _____

Job Title: _____

Dates Employed: _____

Phone Number: _____

Address, City, State, Zip: _____

Employer: _____

Job Title: _____

Dates Employed: _____

Phone Number: _____

Address, City, State, Zip: _____

Employer: _____

Job Title: _____

Dates Employed: _____

Phone Number: _____

Address, City, State, Zip: _____

Licensing, skills, or experience relevant to the position you are applying for:

Signature Disclaimer: *I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.*

Printed Name: _____

Dated: _____

Signature: _____