

Former Employers (List below last four employers, starting with current or most recent employer)

Date: Month & Year	Employer Address/Phone Supervisor's Name	Hourly Rate	Job Title and Work Performed	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

References (work related): Give the names of three persons not related to you whom you have known at least one year that we may contact regarding your qualifications.

Name	Address	Phone Number	Years Acquainted
1.			
2.			
3.			

State any additional information you feel may be helpful to us in considering your application:

"I certify that the facts contained in this application are true and compete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I authorize the city of Lake City to contact any of the employers listed above to verify employment and work record. I release all parties from all liability for any damage that may result from furnishing same to you. I authorize the City of Lake City to verify and investigate through law enforcement agencies the status of my driver's license and to conduct any background check it deems necessary.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice."

In accordance with the Iowa Code, Title XIII Commerce, Chapter 554D, Uniform Electronic Transactions Act, 554D.108, my signature below serves as my legal written signature for this application.

Date

Name (Please print)

Signature