



**Manchester**  
IOWA  
FAMILY. COMMUNITY. OPPORTUNITY.

# CITY OF MANCHESTER SEASONAL EMPLOYMENT APPLICATION

208 E Main Street | Manchester, IA 52057 | PH 563.927.3636 | FAX 563.927.3696 | www.manchester-ia.org

The City of Manchester is an equal opportunity employer and does not discriminate against any employee or applicant for employment on the basis of age, race, religion, creed, color, sex, sexual orientation, gender identity, national origin or disability. Please answer ALL questions. Print or write carefully. If you provide false, inaccurate or incomplete information in this application form or in any interview or if you fail to disclose information requested in this application form or in any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.

**PERSONAL INFORMATION** (to be completed by all applicants)

Position Applying for \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Are you 18 years of age or older?  Yes  No Are you legally able to work in the United States?  Yes  No

Is there any name which you have previously used to identify yourself: \_\_\_\_\_

If you are a military veteran, please provide information regarding your military service: \_\_\_\_\_

I am available to work  Full Time  Part Time  Temporary Available to start work \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, list position and date \_\_\_\_\_

Do you have any relatives that are employed here?  Yes  No If yes, please list them by name \_\_\_\_\_

Are you a U.S. Citizen or an alien legally entitled to work in the positions(s) for which you have applied?  Yes  No

Have you been convicted of a felony or misdemeanor other than a minor traffic violation? If yes, please explain.  Yes  No  
(Conviction will not necessarily disqualify applicant from employment.)

Are you currently required to register as a sex offender in this or any other jurisdiction?  Yes  No

Emergency Contact Name \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

**EDUCATION**

| Type of School                                | Name of School, State | Number of years completed | Graduate |    | Course Pursued/ Degrees Granted |
|---|-----------------------|---------------------------|----------|----|---------------------------------|
|   |                       |                           | Yes      | No |                                 |
| Senior High School                            |                       |                           |          |    |                                 |
| College or University                         |                       |                           |          |    |                                 |
| Business Trade or Technical School or College |                       |                           |          |    |                                 |
| Correspondence or Special School or College   |                       |                           |          |    |                                 |

**PERSONAL REFERENCES**

List the name, address, and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_  
Name City Phone

2. \_\_\_\_\_  
Name City Phone

3. \_\_\_\_\_  
Name City Phone

**EMPLOYMENT RECORD**

Starting with your present or most recent job, list your employment experience. You may include job related military service assignments and volunteer activities that reflect your qualifications for employment.

|  |   |   |
|--|---|---|
| <b>Employer</b><br><hr/> Address<br><hr/> Telephone<br><hr/> Job Title<br><hr/> Immediate Supervisor:  | <u>Employment Dates</u><br>From:<br><hr/> To:<br><hr/> <u>Salary/Hourly Rate</u><br>Starting:<br><hr/> Final: | Kind of Work Performed:<br><br>Reason for Leaving<br><br>May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Employer</b><br><hr/> Address<br><hr/> Telephone<br><hr/> Job Title<br><hr/> Immediate Supervisor:  | <u>Employment Dates</u><br>From:<br><hr/> To:<br><hr/> <u>Salary/Hourly Rate</u><br>Starting:<br><hr/> Final: | Kind of Work Performed:<br><br>Reason for Leaving<br><br>May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been discharged or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. |   |   |

**EXPERIENCE: Check all that apply**

| Equipment   | Number of Years Used        | Office Skills  | Years Used | Certifications                     | Date Issued |                                   |                          |                          |                           |                      |                       |                           |                             |                          |
|---|-----------------------------|--|------------|------------------------------------|-------------|-----------------------------------|--------------------------|--------------------------|---------------------------|----------------------|-----------------------|---------------------------|-----------------------------|--------------------------|
| <input type="checkbox"/> Mowing equipment   |                             | <input type="checkbox"/> Typing  |            | <input type="checkbox"/> First Aid |             |                                   |                          |                          |                           |                      |                       |                           |                             |                          |
| <input type="checkbox"/> Other (specify)  |                             | <input type="checkbox"/> MS Office Suite   |            | <input type="checkbox"/> Lifeguard |             |                                   |                          |                          |                           |                      |                       |                           |                             |                          |
| <b>CDL License</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No / Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C   |                             | <input type="checkbox"/> Multi-line Phone  |            | <input type="checkbox"/> CPR       |             |                                   |                          |                          |                           |                      |                       |                           |                             |                          |
| Endorsements  |                             | <input type="checkbox"/> Customer Service  |            | <input type="checkbox"/> CPR-P     |             |                                   |                          |                          |                           |                      |                       |                           |                             |                          |
|   |                             | <input type="checkbox"/> Cash Register   |            | <input type="checkbox"/> WSI       |             |                                   |                          |                          |                           |                      |                       |                           |                             |                          |
|   |                             | <input type="checkbox"/> Internet/E-mail   |            | <input type="checkbox"/> LGI       |             |                                   |                          |                          |                           |                      |                       |                           |                             |                          |
| <b>AGE GROUPS</b> you have worked with or have experience with.<br><input type="checkbox"/> 5 & Under <input type="checkbox"/> 6 – 13 <input type="checkbox"/> 14 – 18<br><br><input type="checkbox"/> Adult <input type="checkbox"/> Seniors |                             | <b>POSITIONS OF INTEREST:</b> place a "1" by positions you are most interested in and a "2" by those you have some interest in.<br><table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">_____ <b>Preschool Activities</b></td> <td style="width: 33%;">_____ <b>WSI/LG/Pool</b></td> <td style="width: 33%;">_____ <b>Concessions</b></td> </tr> <tr> <td>_____ <b>Youth Sports</b></td> <td>_____ <b>Cashier</b></td> <td>_____ <b>Clerical</b></td> </tr> <tr> <td>_____ <b>Adult Sports</b></td> <td>_____ <b>Youth Programs</b></td> <td>_____ <b>Maintenance</b></td> </tr> </table> |            |                                    |             | _____ <b>Preschool Activities</b> | _____ <b>WSI/LG/Pool</b> | _____ <b>Concessions</b> | _____ <b>Youth Sports</b> | _____ <b>Cashier</b> | _____ <b>Clerical</b> | _____ <b>Adult Sports</b> | _____ <b>Youth Programs</b> | _____ <b>Maintenance</b> |
| _____ <b>Preschool Activities</b>   | _____ <b>WSI/LG/Pool</b>    | _____ <b>Concessions</b>   |            |                                    |             |                                   |                          |                          |                           |                      |                       |                           |                             |                          |
| _____ <b>Youth Sports</b>   | _____ <b>Cashier</b>        | _____ <b>Clerical</b>  |            |                                    |             |                                   |                          |                          |                           |                      |                       |                           |                             |                          |
| _____ <b>Adult Sports</b>   | _____ <b>Youth Programs</b> | _____ <b>Maintenance</b>   |            |                                    |             |                                   |                          |                          |                           |                      |                       |                           |                             |                          |

**Applicant's Statement**

I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information in my application may result in discharge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained, among other ways, through interviews with the personal references and past employers listed, through a credit check, a criminal history check, and/or a driver's record check. This inquiry may include information as to, among other things, my character, general reputation, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry. I hereby release all parties, including but not limited to the City of Manchester, personal references, and previous employers, from any and all liability for any injury or damage that may result from their furnishing information to the City of Manchester concerning me or any action the City of Manchester takes on the basis of such information. I understand that if I am offered a job as a condition of beginning my employment, I may be required to undergo a physical examination and/or drug screen and I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations. I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me by the City of Manchester is contingent upon my ability to produce the required documentation within the time period required by law. I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by the City of Manchester, or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other material do not create any guarantee of employment and that the City of Manchester has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no representative of the City of Manchester, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding on the City of Manchester.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date