

Employment Application



Date: _____

Name: _____

Address: _____

State, Zip Code: _____

Permanent address (if different): _____

State, Zip Code: _____

Home Phone: _____

Cell Phone: _____

E-mail Address: _____

Positions Applying for: _____

Neighborhood Centers of Johnson County
P.O. Box 2491
Iowa City, IA 5244

Phone: 319-354-2886
Fax: 319-358-0484
www.ncjc.org

Are you interested in:

Full-Time Part-Time Full or Part-Time

When available to begin work? _____

Do you have a current drivers license?:

Yes No

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
Trade School or College			
Other			

Previous Employment (list up to 3)

1.

Name of Employer: _____

Name of last supervisor: _____

Dates of employment:
From: _____ To: _____

Salary:
From: _____ To: _____

Complete Address: _____

Phone #: _____

Last job title: _____

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Continue on the next page

2.

Name of Employer:

Name of last supervisor:

Dates of employment:
From: To:

Salary:
From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

3.

Name of Employer:

Name of last supervisor:

Dates of employment:
From: To:

Salary:
From: To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Membership in professional or civic organization

Signature I hereby certify that all information contained on this application is true and complete. I authorize the Neighborhood Centers of Johnson County to contact all sources necessary to verify this information. I understand that any misstatement or omission is sufficient grounds for immediate discharge.

Date

Signature