



CITY OF IOWA CITY
 Human Resources
 410 East Washington Street
 Iowa City, Iowa 52240-1826
 (319) 356-5020
 (319) 356-5027 (Confidential)
 jobs@iowa-city.org
 www.icgov.org

Employment Application

THE CITY OF IOWA CITY IS AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, creed, color, sex, national origin, religion, age, sexual orientation, gender identity, marital status, mental or physical disability, genetic information, veteran status, or other class/category protected by federal, state, or local law, except where age, sex, or physical or mental ability constitute a bona fide occupational qualification necessary for job performance. Persons who are members of a protected class are encouraged to apply.

PLEASE ANSWER EVERY QUESTION COMPLETELY AS THIS IS CONSIDERED A TESTING DOCUMENT UNDER THE CITY'S CIVIL SERVICE PROCEDURES. This application and any attachments become a part of the City of Iowa City records and will not be returned.

(PLEASE PRINT)

| | |
|--|---------------------|
| Position(s) for Which You Are Applying | Date of Application |
|--|---------------------|

| | | |
|-----------|------------|----------------|
| Last Name | First Name | Middle Initial |
|-----------|------------|----------------|

| |
|---------|
| Address |
|---------|

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

| | |
|---------------------|-------------|
| Telephone Number(s) | |
| Home () | Cell () |

| | |
|--------|------------------------|
| E-mail | Social Security Number |
| | - - |

The Iowa Smokefree Air Act prohibits smoking in all public buildings owned, leased or operated by or under the control of the City of Iowa City, including the grounds of the public buildings such as the sidewalks and the sitting or standing areas immediately adjacent to the buildings. Also, smoking is prohibited in all vehicles owned, leased or operated by or under the control of the City of Iowa City.

Education/Training

Secondary School

Circle highest grade completed: 9 10 11 12

Did you graduate? Yes No

If No, did you earn a G.E.D.? Yes No

Post Secondary

Circle highest grade completed: 13 14 15 16 ____ ____

Did you graduate? Yes No

Colleges/University/Trade School (complete for all schools attended)

Name of School

City/State

Degree Awarded

Major/Minor

Dates in Attendance

Name of School

City/State

Degree Awarded

Major/Minor

Dates in Attendance

Specialized Training (apprenticeships, internships, WorkKeys certificates, etc.)

**The City is a supporter
of the National Career
Readiness Certificate.**

Type of Training

Organization

Dates

Certificate of Completion

Type of Training

Organization

Dates

Certificate of Completion

If required for the position for which you are applying, do you have a:

valid Iowa driver's license

Yes No

valid non-Iowa driver's license

Yes No

valid commercial driver's license

Yes No

License requirements are listed in the Position Vacancy Announcement.

Background

Have you ever worked for the City of Iowa City? Yes No

Position Title _____ Dates of Employment _____

In order to determine whether your employment might be prohibited by the City of Iowa City's Employment of Relatives Policy, please indicate below if you have any immediate family members currently working for the City. For this policy's purpose, members of the immediate family are defined as: employee's spouse, domestic partner or partner by cohabitation, children¹, mother, father, son-in-law, daughter-in-law, mother-in-law, father-in-law, step-parent, brother², sister², brother-in-law, sister-in-law, grandparents and grandchildren, aunt, uncle, niece, nephew, first cousin, foster parent, foster child, persons who are parents of the same child, and persons with whom the employee is in an intimate relationship³.

¹This includes step-children and children for whom the employee stands in loco parentis (assumes parental responsibility).

²Brother and sister are defined to include step-siblings and half-siblings.

³An intimate relationship means a significant romantic involvement that need not include sexual involvement. An intimate relationship does not include casual social relationships or associations in a business or professional capacity.

Name _____ Department _____

Name _____ Department _____

Name _____ Department _____

Have you ever pled guilty to (including an Alford plea), received a deferred judgment for or been convicted of a crime other than a traffic related simple misdemeanor in the last twelve (12) years?

Yes No ***Include any convictions by military trial or under Military Code.***

If Yes, please explain, including dates, location (State, County & City) of incident _____

Are you currently required to register as a Sex Offender in this or any other jurisdiction?

Yes No

If Yes, please explain, including dates, location (State, County & City) of incident _____

Have you ever been disciplined or terminated by an employer in the last twelve (12) years?

Yes No

If Yes, please explain, including dates, employer name and reason for action _____

Employment History

Start with your present or most recent position and provide all requested information on prior employment including periods of unemployment. If you have been employed for more than twelve (12) years, please provide a minimum of twelve (12) years employment history. The City considers military service as employment. You may also include job-related volunteer activities. **Note:** While you may attach a résumé to this application, writing “see attached résumé” will not substitute for writing the requested information on this form.

| | |
|-----------------------------------|--|
| Current or Most Recent | |
| Position Title _____ | Employment Dates _____ to _____ |
| Employer _____ | Phone # _____ |
| Address _____ | City _____ State _____ Zip _____ |
| Direct Supervisor _____ | May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Annual Salary _____ | Hours per Week _____ # of employees supervised _____ |
| Primary Job Duties _____ | |
| _____ | |
| _____ | |
| Reason for wanting to leave _____ | |

| | |
|---------------------------------|--|
| Position Title _____ | Employment Dates _____ to _____ |
| Employer _____ | Phone # _____ |
| Address _____ | City _____ State _____ Zip _____ |
| Direct Supervisor _____ | May we contact for a reference check? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Annual Salary _____ | Hours per Week _____ # of employees supervised _____ |
| Primary Job Duties _____ | |
| _____ | |
| _____ | |
| Reason for leaving _____ | |

| | |
|---------------------------------|--|
| Position Title _____ | Employment Dates _____ to _____ |
| Employer _____ | Phone # _____ |
| Address _____ | City _____ State _____ Zip _____ |
| Direct Supervisor _____ | May we contact for a reference check? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Annual Salary _____ | Hours per Week _____ # of employees supervised _____ |
| Primary Job Duties _____ | |
| _____ | |
| _____ | |
| Reason for leaving _____ | |

Additional Employment History

| | |
|---------------------------------|--|
| Position Title _____ | Employment Dates _____ to _____ |
| Employer _____ | Phone # _____ |
| Address _____ | City _____ State _____ Zip _____ |
| Direct Supervisor _____ | May we contact for a reference check? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Annual Salary _____ | Hours per Week _____ # of employees supervised _____ |
| Primary Job Duties _____ | |
| _____ | |
| _____ | |
| Reason for leaving _____ | |

| | |
|---------------------------------|--|
| Position Title _____ | Employment Dates _____ to _____ |
| Employer _____ | Phone # _____ |
| Address _____ | City _____ State _____ Zip _____ |
| Direct Supervisor _____ | May we contact for a reference check? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Annual Salary _____ | Hours per Week _____ # of employees supervised _____ |
| Primary Job Duties _____ | |
| _____ | |
| _____ | |
| Reason for leaving _____ | |

| | |
|---------------------------------|--|
| Position Title _____ | Employment Dates _____ to _____ |
| Employer _____ | Phone # _____ |
| Address _____ | City _____ State _____ Zip _____ |
| Direct Supervisor _____ | May we contact for a reference check? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Annual Salary _____ | Hours per Week _____ # of employees supervised _____ |
| Primary Job Duties _____ | |
| _____ | |
| _____ | |
| Reason for leaving _____ | |

Applicant's Statement

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

BE SURE TO READ THIS STATEMENT BEFORE SIGNING.

I certify that answers given herein are true and complete and contain no misrepresentations. Furthermore

- 1) I understand that false statements made on this application may eliminate me from further consideration for employment or will be grounds for dismissal.
- 2) I authorize the City of Iowa City and all employers previously identified in this application to conduct or participate in any investigation of my personal background, work history and criminal record as may be necessary to verify the information provided in my employment application and to determine my fitness to hold the position for which I have applied.
- 3) I agree to provide a specific written release and/or waiver of confidentiality should it be necessary for a background check.
- 4) I understand that if I am hired, I will be expected to comply with the requirements of the Immigration Reform and Control Act of 1986 by providing verification of identity and employment eligibility per provisions of the Act.

Signature of Applicant

Date

I hereby acknowledge that the selection process for this position is subject to Iowa open meetings and records. To the extent allowed by law, I request that my application be kept confidential. I further request that the sessions in which my qualifications are reviewed and discussed be done in closed session so as to protect my reputation.

Signature of Applicant

Note: If you do not sign this acknowledgement/request, your application may become a public record and consideration of your application may be done in open session.

Those wishing to claim Veteran's preference must submit proof of service Form DD214 with application.

Driving Record Information Sheet

If the position you have applied for requires the possession of a valid driver's license, please complete this form. License requirements are listed in the Position Vacancy Announcement. The following information will be used to verify that you have a valid driver's license and to review your driving record for insurability purposes. Please answer each question completely.

| | | |
|---|--|-------|
| Full Name (as it appears on your driver's license) | | |
| Date of Birth | Social Security Number - - | |
| Driver's License Number | State in which you are currently licensed to drive | |
| Have you been licensed to drive in any other state(s) in the last twelve (12) years? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| State | Driver's License Number | Dates |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Have you ever pled guilty to (including an Alford plea), received a deferred judgment for or been convicted of a major driving offense (for example: Reckless Driving, Hit-and-Run, Operating While Intoxicated, Driving Under Suspension or While Revoked, etc.)? Yes No

If Yes, please explain, including dates, location (State, County & City) of incident _____

I certify that the information provided above is true and complete. I understand that false statements made on this Driving Record Information Sheet may eliminate me from further consideration for employment or will be grounds for dismissal. I authorize the City of Iowa City to obtain and review my driving record(s).

Signature of Applicant _____
Date

VOLUNTARY SURVEY— FOR REQUIRED GOVERNMENTAL STATISTICS ONLY

This document is removed from your application and is not available to the hiring authority.

Data Record

It is the policy of the City of Iowa City to provide employment, training, compensation levels, transfer/promotion opportunities, and all other aspects of employment without regard to race, creed, color, sex, national origin, religion, age, sexual orientation, gender identity, marital status, mental or physical disability, genetic information, veteran status, or other class/category protected by federal, state, or local law, except where age, sex, or physical or mental ability constitute a bona fide occupational qualification necessary for job performance.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File in Human Resources and are not a part of your application for employment or personnel file. **Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

Name

Position Applying For

Date

Check One: Male Female

Check One (Ethnic Origin): White Black/African American Hispanic

These are the current codes used by the EEOC for reporting purposes.

American Indian/Alaskan Native

Asian/Pacific Islander

How did you become aware of this job vacancy?

City Employee

JOBLINE

City of Iowa City Human Resources Office

City of Iowa City Employment Facebook Page

Advertisement _____

Website _____

Other _____