

Education/Training

Secondary School

Circle highest grade completed: 9 10 11 12

Did you graduate? Yes No

If no, do you have a G.E.D.? Yes No

College:

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 (apprenticeship, internships, work key certificate, etc.)

The City is a supporter of the Skills Advantage Work Ready Certificate.

Type of Training	Organization
Dates	Certificate of Completion

Type of Training	Organization
Dates	Certificate of Completion

If required for the job 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

Job Title _____ Dates of Employment _____

Do you have relatives currently working for the City of Iowa City: Yes No

Name _____ Department _____

Name _____ Department _____

Have you ever pled guilty to (including an Alford plea) 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: _____

Sex Offender Registry: 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 ten (10) years?

Yes No

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

Employment Experience

Start with your present or most recent job and list all prior employers. If you have been employed for more than ten years, please provide a minimum of 10 years employment history. The City considers military service as employment. You may also include job-related volunteer activities.

Current or Most Recent
Position Title: _____ Employment Dates _____ to _____
Employer _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Direct Supervisor _____ May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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? Yes <input type="checkbox"/> No <input type="checkbox"/>
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? Yes <input type="checkbox"/> No <input type="checkbox"/>
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? Yes 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? Yes 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? Yes 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 authorized in this application to conduct or participate in any investigation of my personal background, work history and police 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	
Other states in which you have been licensed to drive in the past twelve years:		
State	Driver's License No.	Dates
_____	_____	_____
_____	_____	_____

Have you ever pled guilty to (including an Alford plea) 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 sex, sexual orientation, gender identity, race, color, religion, national origin, age, marital status, handicap, veteran status, or any other non-job related characteristic except where age, sex or physical 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 Applied for	Date
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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

In order to assist our recruitment process, please select below how you became aware of this job vacancy:

Advertisement _____
Name of Publication

City Employee JOBLINE City of Iowa City Personnel Office

Internet _____ Other _____
Name of Website