

STATE PERSONAL CHARACTERISTICS OR QUALITIES YOU HAVE WHICH WOULD BE HELPFUL IN THE JOB FOR WHICH YOU ARE APPLYING: _____

TIME AVAILABLE FOR WORK (Give inclusive dates, days, and hours): _____

POSSIBLE DATES YOU WILL NOT BE AVAILABLE: _____

WORK EXPERIENCE

Employment: 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 resume to this application, writing "see attached resume" will not substitute for write the requested information on this form.

Present employer _____ From _____ ^{Employment Dates} To _____
Supervisor's Name _____

Address _____ Phone _____

Position and duties _____

Reason for leaving _____

Previous employer _____ From _____ To _____

Address _____ Phone _____

Position and duties _____

Reason for leaving _____

Previous employer _____ From _____ To _____

Address _____ Phone _____

Position and duties _____

Reason for leaving _____

Background

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

Job Title _____ Dates of Employment _____

In order to determine whether your employment might be prohibited by the City of Iowa City's Employment of Relative's 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.

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), received 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: _____

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 twelve (12) years?

Yes No

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

Please check the activities in which you have participated and are prepared to teach others.

- | | | |
|--|---|---|
| <input type="checkbox"/> Adapted Aquatics | <input type="checkbox"/> Dramatics | <input type="checkbox"/> Sports (Major) |
| <input type="checkbox"/> Aerobic Dance | <input type="checkbox"/> Fine Arts | <input type="checkbox"/> (List below) |
| <input type="checkbox"/> Billiards/Pocket Pool | <input type="checkbox"/> (List below) | _____ |
| <input type="checkbox"/> Children's Games | <input type="checkbox"/> Fitness | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Craft Skills | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> (List below) | <input type="checkbox"/> Music | <input type="checkbox"/> Tennis |
| _____ | <input type="checkbox"/> Nature | <input type="checkbox"/> Water Fitness |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Office Skills | |
| <input type="checkbox"/> (List below) | <input type="checkbox"/> Officiating | |
| _____ | <input type="checkbox"/> Roller Skating | |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Science | |

Current aquatic certification:

- | | | |
|---|---|-----------------------------------|
| <input type="checkbox"/> WSI (new material) | <input type="checkbox"/> Lifeguard (new material) | <input type="checkbox"/> WSA |
| <input type="checkbox"/> Ellis | <input type="checkbox"/> Lifeguard-Instructor | <input type="checkbox"/> CPR – PR |

Current sports certification:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> NYSCA | <input type="checkbox"/> Other |
| <input type="checkbox"/> Softball ASA | <input type="checkbox"/> Other |
| <input type="checkbox"/> Basketball IHSAA | <input type="checkbox"/> Other |
| <input type="checkbox"/> Volleyball USVBA | <input type="checkbox"/> Other |
| <input type="checkbox"/> Football IHSAA | |
| <input type="checkbox"/> Other sport | |

Current general certification:

- | |
|---|
| <input type="checkbox"/> Red Cross CPR |
| <input type="checkbox"/> CPR (other than Red Cross) |
| <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Certifying agency _____ |
| <input type="checkbox"/> Child Abuse Identification & Reporting |
| <input type="checkbox"/> Certifying agency _____ |

Could you provide own transportation to sites located outside of the Recreation Center? _____

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 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

Please return completed application to:

**Recreation Division
City of Iowa City
220 S. Gilbert Street
Iowa City, IA 52240**