

220 S. Gilbert Street
Iowa City, Iowa 52240



Date: _____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, creed, sexual orientation, gender identity, medical condition or disability.

POSITION(S) APPLIED FOR: (In preference order)

| | | | |
|----------|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ | 4. _____ |
| 5. _____ | | | |

NAME: _____ PHONE: _____
Last First Middle Email address: _____

ADDRESS: _____
Street City State Zip

PERMANENT ADDRESS (if different):

Street City State Zip

HOME PHONE: () _____

SOCIAL SECURITY # _____

To facilitate reference checks, please indicate any other name under which you have been employed:

If under 16, can you submit a work permit after employment? _____ yes _____ no

EDUCATION

Last high school attended: _____
Name City State

| SPECIAL TRAINING/TECHNICAL SCHOOLS/ARMED FORCES TRAINING/COLLEGE: | Date Completed or Anticipated Date |
|---|------------------------------------|
| School City Degree/Major | |

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Give two local personal references (not relatives or former employers):

| | |
|----------|--------------|
| 1. _____ | PHONE: _____ |
| 2. _____ | PHONE: _____ |

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 the place where you are now employed or where you were last employed and then list previous employers. Recreation applicants: Please include volunteer experience.

Present employer _____ From _____ 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 _____

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: _____

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 | (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 |
| (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 | |
| (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 |
| Certifying agency _____ |
| <input type="checkbox"/> Child Abuse Identification & Reporting |
| 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 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

Please return completed application to:

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