



APPLICATION FOR EMPLOYMENT

THE CITY OF CEDAR FALLS IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY WITHOUT REGARD TO RACE, RELIGION, COLOR, CREED, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, AGE, NATIONAL ORIGIN, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.

Please Indicate how you obtained this application: In Person Mail Fax Email Web City's Website

PLEASE PRINT AND COMPLETE FORM IN DETAIL.

Position(s) Applying For:		Date Application Completed: / /	
Name (Last, First, Middle):		Driver License Number:	
Street Address:	City:	State:	Zip Code:
Telephone Number(s):	Home: () - Work: () - Cell: () -	Best Time to Contact You:	
Email Address:			

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If Yes, Date ____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by us before? If Yes, Date ____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your friends employed by us? If Yes, Please List Name and Department:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your relatives employed by us? If Yes, Please List Name and Department:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? If Yes, may we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the legal right to work permanently in the U.S.? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been convicted of, or received a deferred judgment for, a crime? (This includes OWI, felony, misdemeanor, and traffic offenses, other than speeding, parking or related tickets.) If Yes, Please Explain: Offense _____ Place _____ Date ____ / ____ / ____ Disposition _____ Attach additional sheet if necessary - The existence of a criminal record will not automatically bar employment, but will only be considered in relation to specific job requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available to work: ____ / ____ / ____ Desired Salary Range: _____ Can you travel if the job requires it?	(Please Indicate Preference) <input type="checkbox"/> Full-Time (<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd Shift) <input type="checkbox"/> Part-Time (Morning Afternoon Evening) <input type="checkbox"/> Temporary (Dates: ____ / ____ / ____ to ____ / ____ / ____) <input type="checkbox"/> Yes <input type="checkbox"/> No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
 "OUR CITIZENS ARE OUR BUSINESS"

EMPLOYMENT HISTORY (Please list all present and past employment, beginning with most recent or current employer. Attach additional copies as needed)

Employer:	Dates of Employment: From: ____/____/____ To: ____/____/____	Position:
Address: City: State:	Salary/Pay Rate: Starting: Ending:	Supervisor:
Phone: () - May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties Performed:	Reason for Leaving:
Employer:	Dates of Employment: From: ____/____/____ To: ____/____/____	Position:
Address: City: State:	Salary/Pay Rate: Starting: Ending:	Supervisor:
Phone: () - May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties Performed:	Reason for Leaving:
Employer:	Dates of Employment: From: ____/____/____ To: ____/____/____	Position:
Address: City: State:	Salary/Pay Rate: Starting: Ending:	Supervisor:
Phone: () - May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties Performed:	Reason for Leaving:
Employer:	Dates of Employment: From: ____/____/____ To: ____/____/____	Position:
Address: City: State:	Salary/Pay Rate: Starting: Ending:	Supervisor:
Phone: () - May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties Performed:	Reason for Leaving:
Professional Memberships:		
Professional Offices held:		

EDUCATION	Name and Address	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Graduate Professional				
Other (Specify)				

Specialized Training, Licensing, Certifications, Apprenticeship, Skills or Job-Related Skills or Qualifications acquired from employment, experience or from the Military
CDL Type / Class:
Endorsements / Restrictions:

SPECIALIZED SKILLS (Please check Skills/Equipment Operated)

<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Database
<input type="checkbox"/> Typewriter: _____ wpm	<input type="checkbox"/> Phone
<input type="checkbox"/> iSeries	<input type="checkbox"/> Radio (Type: _____)
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Other Equipment, Machinery or Skills not listed: _____
<input type="checkbox"/> Spreadsheet	_____

Any additional information you feel may be helpful to us in considering your application:

Note to Applicant: (Do not answer this question unless you have been informed about the requirements of the job for which you are applying)

Are you capable of performing in a reasonable manner, with reasonable accommodations, the duties involved in the job for which you are applying? Yes No

REFERENCES (Other than relatives)

1.		() -
	Name	Phone #
2.		() -
	Name	Phone #
3.		() -
	Name	Phone #

**VETERAN'S PREFERENCE FOR
CIVIL SERVICE POSITIONS**

In all examinations and appointments under Iowa Code §400.10, other than promotions and appointments of chief of the police department and chief of the fire department, veterans defined in Iowa Code §35.1, who are citizens and residents of this state, shall have five (5) percentage points added to the veteran's grade or score attained in qualifying examinations for appointment to positions and five (5) additional percentage points added to the grade or score if the veteran has a service-connected disability or is receiving compensation, disability benefits or pension under laws administered by the veterans administration. An honorably discharged veteran who has been awarded the Purple Heart for disabilities incurred in action shall be considered to have a service-connected disability. However, the percentage points shall be given only upon passing the exam and shall not be the determining factor in passing. For your reference, a copy of Iowa Code §35.1 is available upon request.

To document and verify eligibility for the above, you must indicate service dates below and attach a copy of your DD214 form. If you are on disability status, provide your VA case file number below. Without this, veteran's points will not be applied to your exam score.

Branch of Service:

____/____/____ to ____/____/____
Entry Date Discharge Date

VA Case File Number (If Disabled):

Signature Date Signed

**DISCLOSURE TO EMPLOYMENT APPLICANT
REGARDING BACKGROUND INVESTIGATION**

In connection with your application for employment, please be advised that we will conduct a reference check. In addition, we will check criminal history and also complete a driving record check for positions that involve, or have the potential to involve, driving City vehicles. Other information will be obtained by contacting your previous employers and/or references. I authorize investigation of all statements contained in my application materials for employment as may be necessary in arriving at an employment decision. I further authorize investigation of my driving and criminal history records.

Signature Date Signed

APPLICANT'S STATEMENT

By signing this application, I certify: That this application is complete and accurate. I have not made any attempt to conceal information. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I agree to undergo a medical examination by a company-designated physician and understand that medical approval must be obtained prior to employment. I have noted that the City of Cedar Falls is an Equal Opportunity Employer and that all applicants receive lawful consideration for employment without regard to Race, Religion, Color, Creed, Sex, Sexual Orientation, Gender Identity, Age, National Origin, Disability, Marital or Veteran Status. I hereby understand and acknowledge that, unless otherwise defined by applicable law, the City of Cedar Falls reserves the right to terminate my employment as an "at will" employee, meaning that the Employee may resign at any time and the City of Cedar Falls may discharge the Employee at any time with or without cause, unless specifically acknowledged in writing and approved by an authorized agent of the City. This Application for Employment will be considered active for a period of time not to exceed six months. Applicants wishing to be considered for employment beyond this time period will be required to complete a new application.

Signature Date Signed