

City of Atkins

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants able to perform the essential functions of the job with or without a reasonable accommodation 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. Persons who are members of a protected class are encouraged to apply. Equal access to programs, services and employment is available to all persons. Those applicants requiring a reasonable accommodation to the application and/or interview process should notify the City Clerk.

PLEASE ANSWER EVERY QUESTION COMPLETELY. THIS APPLICATION AND ANY ATTACHMENTS BECOME A RECORD OF THE CITY OF ATKINS FOR TWO MONTHS AND WILL NOT BE RETURNED.

Position(s) for which you are applying		Date of Application
LAST NAME	FIRST NAME	MIDDLE INITIAL
STREET ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE ()	CELL PHONE ()	WORK PHONE (IF AVAILABLE) ()
EMAIL ADDRESS		
BEST TIME TO CONTACT YOU: _____ AM _____ PM		WHERE TO CONTACT YOU: HOME CELL WORK
Date available to begin work _____ as _____ Full-time _____ Part-time _____ Temp/Intern _____ Seasonal Summer or Winter (choose only one)		
yes	no	Will you work overtime if needed?
yes	no	Are you able to meet the attendance requirements of the position you are applying for?
yes	no	Are you at least 16 years old? The City of Atkins complies with all child labor regulations.
yes	no	If you are between 16 and 18, and if it is required, can you provide required proof of eligibility to work? If no, please explain: _____
yes	no	Have you ever been employed with the City of Atkins before?
yes	no	Can you, after employment, submit verification of your legal right to work in the United States?
yes	no	Have you been convicted of a felony in the last seven (7) years? If yes, please explain: _____
CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Whether a conviction will disqualify an applicant depends on the nature of the offense, the nature of the job and the length of time since the conviction.		
yes	no	Do you have any friend, relative or acquaintance working for the City of Atkins? If yes, please state the employee's name, department and describe the relationship: _____

The Iowa Smoke-free Air Act prohibits smoking in all public buildings owned, leased, or operated by or under the control of the City of Atkins, 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

EDUCATION / TRAINING

SECONDARY SCHOOL Did you graduate? yes no

Circle highest grade completed: 9 10 11 12 If No, did you earn a G.E.D.? yes no

POST SECONDARY SCHOOL

Circle highest grade completed: 13 14 15 16 Did you graduate? yes no

COLLEGE / UNIVERSITY / TRADE SCHOOL

NAME OF SCHOOL CITY/STATE

DEGREE AWARDED CITY/STATE YEAR DEGREE AWARDED ATTENDANCE DATES

NAME OF SCHOOL CITY/STATE

DEGREE AWARDED CITY/STATE YEAR DEGREE AWARDED ATTENDANCE DATES

SPECIALIZED TRAINING

APPRENTICESHIPS, INTERNSHIPS, CERTIFICATES, ETC. USE BACK OF THIS PAGE AS NECESSARY

TYPE OF TRAINING RELEVANT TO POSITION BEING APPLIED FOR ORGANIZATION NAME

AWARDED ATTENDANCE DATES

TYPE OF TRAINING RELEVANT TO POSITION BEING APPLIED FOR ORGANIZATION NAME

AWARDED ATTENDANCE DATES

WORK RELATED MEMBERSHIPS

TYPE OF MEMBERSHIP RELEVANT TO POSITION BEING APPLIED FOR ORGANIZATION NAME

TYPE OF MEMBERSHIP RELEVANT TO POSITION BEING APPLIED FOR ORGANIZATION NAME

CURRENT PROFESSIONAL OFFICES HELD ORGANIZATION NAME

CURRENT PROFESSIONAL OFFICES HELD ORGANIZATION NAME

LIST ANY OTHER TRAINING THAT MAY PERTAIN TO THIS POSITION: _____

EMPLOYMENT HISTORY (LAST 10 YEARS of work history ONLY)

Start with your present or most recent position and provide all requested information on prior employment including periods of unemployment. The City of Atkins 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 writing the requested information on this form.

CURRENT OR MOST RECENT

Position Title _____ Employment Dates _____ to _____

Employer (previous and current name) _____

Does Employer still exist? _____ yes _____ no Phone # _____

Address _____ City _____ State _____ Zip _____

Direct Supervisor _____ May we contact your current employer? __yes ___no

Annual Salary \$ _____ Hours worked per week _____ # of employees supervised by you _____

Primary Job Duties _____

Reason for wanting to leave: _____

PREVIOUS

Position Title _____ Employment Dates _____ to _____

Employer (previous and current name) _____

Does Employer still exist? _____ yes _____ no Phone # _____

Address _____ City _____ State _____ Zip _____

Direct Supervisor _____ May we contact your current employer? __yes ___no

Annual Salary \$ _____ Hours worked per week _____ # of employees supervised by you _____

Primary Job Duties _____

Reason for wanting to leave: _____

VETERAN'S PREFERENCE

Are you a resident of the State of Iowa who served in the United States military? *Yes* *No*
If yes, please provide (1) your dates of service; (2) branches served for and what dates those branches were served for; (3) any and all wars or armed conflicts served in during your dates of service; and (4) whether you were honorably discharged:

SKILLS / QUALIFICATIONS / EQUIPMENT

Summarize your skills associated with the position for which you are applying. List any equipment you can operate associated with the position you are applying for: _____

Computer level: beginner intermediate advanced

Software used: _____

Office Equipment used: _____

Street Equipment used: street sweeper skid loader tractor loader boom truck snowplow dump truck

Other Street Equipment used: _____

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the City of Atkins service whenever it is discovered.

I give the City of Atkins the right to contact and obtain information from all employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the City of Atkins and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

I also understand that if I am hired, I will be required to provide proof of identity and verification of my legal right to work in the United States.

I understand that post offer pre-employment I may be required to complete a medical history form, medical examination and/or drug and alcohol testing, and that a positive drug test result will terminate any job offer.

If I am hired, I understand that I may resign at any time, with or without cause and without prior notice, and the City of Atkins reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no representative of the City of Atkins, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

The City of Atkins does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the City of Atkins and still wish to be considered for employment, it will be necessary to fill out a new application.

I authorize the City to conduct a driving record check if driving will be required in my position with the City, and to complete a criminal check regarding my background and further authorize all governmental agencies, departments, bureaus or related entities to release any and all information regarding my driving record and criminal history, if any, and also agree to prepare and sign any other form necessary to complete a criminal background check. I understand that a conviction is not an automatic bar to employment, but that the City will consider the seriousness and nature of the crime, the date of the conviction, and the extent of any rehabilitation.

I understand the City has the option of conducting a credit check on me. If such a check will be performed, the City will provide me with written notice to comply with the Fair Credit Reporting Act. I agree to execute the appropriate authorization if presented to me by the City.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature

_____/_____/_____
Date Signed

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 and City) of incident: _____

Applicant's Statement

Iowa's open meetings and open records laws (Chapters 21 and 22 of the Iowa Code) may apply to the recruitment process rendering this application and other documents associated with this application public records. However, the City of Atkins reasonably believes that persons may be discouraged from applying if such records were open to the general public for examination. Based on this belief and Iowa Code Section 22.7(18), the City of Atkins may keep applications confidential if the applicant so requests.

If your application and other documents associated with the application were not kept confidential would you be discouraged from applying with the City of Atkins? yes no

Do you request that the City of Atkins keep your application and other documents associated with the application confidential? yes no

If the City must review your application during a public meeting, do you request that those reviewing your application and qualifications do so in closed session to protect your reputation? yes no

This is not a promise that the City of Atkins will never produce your application and other documents associated with your application to anyone else. The City of Atkins may still have to produce your application by order of a Court or Agency or through some other requirement of local, state, or federal law. If you do not sign this acknowledgement/request, your application may become a public record and consideration of your application may be done publicly in open session.

Applicant's Signature

_____/_____/_____
Date Signed

DRIVING RECORD INFORMATION

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 Job Description. 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.

NAME AS LISTED ON YOUR CURRENT DRIVER'S LICENSE

DATE OF BIRTH

VALID DRIVER'S LICENSE NUMBER

TYPE OF DRIVER'S LICENSE

STATE OF LICENSE

HAVE YOU BEEN LICENSED TO DRIVE IN ANY OTHER STATE(S) IN THE LAST TEN (10) YEARS? yes no

STATE DRIVER'S LICENSE NUMBER / / DATE TO / / DATE

STATE DRIVER'S LICENSE NUMBER / / DATE TO / / DATE

Have you ever plead 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 on this job application 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 Atkins to obtain and review my driving record(s).

Signature

_____/_____/_____
Date Signed

FOR CITY USE:

Received by: _____

Date reviewed: _____

Other Comments: _____

