



City of Jefferson

Application for Employment

Return application to:

City of Jefferson
 220 N Chestnut Street
 Jefferson, Iowa 50129

Contact Information:

Phone: (515)-386-3111
 Fax: (515)-386-4671
 Email: cjeff@cityofjeffersoniowa.org

City of Jefferson is an equal opportunity employer. Qualified applicants are eligible to compete for position without regards to race, creed, color, religion, age, sex, national origin, marital status, sexual orientation, disability, or any other characteristics protected by federal, state, or local laws.

Position Applied For:	Availability: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	How did you learn of the position?
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PERSONAL INFORMATION

Last Name: _____ First: _____ Middle: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Social Security Number:	Are you legally authorized to work in the US?	Are you 18 years of age or older?
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Main Phone Number:	Alternate Phone Number:
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Email Address:	Identify any family members employed by the City of Jefferson:
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Have you ever worked for the City of Jefferson?	Reason for Leaving Current Employer:
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Have you ever been discharged or asked to resign from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your driver's license been suspended or revoked during the last year? If yes, please explain <input type="checkbox"/> Yes <input type="checkbox"/> No
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For Law Enforcement or Firefighter only:	Date of Birth:
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EDUCATION

Circle highest grade completed: 8 9 10 11 High School Diploma GED Some College Degree

Classification	Name & Location	Dates Attended	Major/Field of Study	Degree Attained
High School		Do not include		
College				
Postgraduate				
Vocation/Tech				
Other				

EMPLOYMENT HISTORY

Please provide a complete record of all employment for the past ten years and reasons for periods of unemployment. Include all paid time, volunteer work, military service, part-time, etc... Start with your present or most recent employer. This section must be completed, even if you submit a resume. Failure to do so could result in application being rejected. List additional employers on backside if needed.

1 Most Recent Employer	Company Name:		Telephone Number:	
	Address:		Dates Employed: (Month & Year)	
			From:	To:
	Position Held:		Hourly Pay / Salary	<input type="radio"/> Full-time <input type="radio"/> Part-time
	Describe Your Duties:			
Name of Supervisor:		Reason for Leaving:		Permission to contact employer?
				<input type="radio"/> Yes <input type="radio"/> No
2 Next Employer	Company Name:		Telephone Number:	
	Address:		Dates Employed: (Month & Year)	
			From:	To:
	Position Held:		Hourly Pay / Salary	<input type="radio"/> Full-time <input type="radio"/> Part-time
	Describe Your Duties:			
Name of Supervisor:		Reason for Leaving:		Permission to contact employer?
				<input type="radio"/> Yes <input type="radio"/> No
3 Next Employer	Company Name:		Telephone Number:	
	Address:		Dates Employed: (Month & Year)	
			From:	To:
	Position Held:		Hourly Pay / Salary	<input type="radio"/> Full-time <input type="radio"/> Part-time
	Describe Your Duties:			
Name of Supervisor:		Reason for Leaving:		Permission to contact employer?
				<input type="radio"/> Yes <input type="radio"/> No
4 Next Employer	Company Name:		Telephone Number:	
	Address:		Dates Employed: (Month & Year)	
			From:	To:
	Position Held:		Hourly Pay / Salary	<input type="radio"/> Full-time <input type="radio"/> Part-time
	Describe Your Duties:			
Name of Supervisor:		Reason for Leaving:		Permission to contact employer?
				<input type="radio"/> Yes <input type="radio"/> No

Have you even been discharged from a job? If "Yes" please list employer, dates and explanation:

<input type="radio"/>	Yes
<input type="radio"/>	No

MILITARY SERVICES

Dates of Service:	Branch:	Final Rank:
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List of training and kind of work performed in the Military:

Are you claiming Military Preference? If yes, please submit an Undeleted DD Form 214 with your application:

Yes
 No

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Types of Licenses/Cert.	License/Cert Number	State Issued	Expiration Date

BACKGROUND INFORMATION

Have you ever worked under or been known by another name? If yes, please list name(s), dates, and reason for use:

Yes
 No

Have you ever been convicted of, pled guilty to, or have charges pending for a felony, misdemeanor, or other criminal offense excluding minor traffic violations (please include deferred judgments). If yes, please explain include dates, locations, and charges of each incident:

Yes
 No

Please note: A conviction or criminal record is not an automatic disqualification from employment and the nature, disposition, & timeline of the offense will be considered only as it relates to the position for which you are applying for.

PROFESSIONAL REFERENCES

Please provide the names and information of three individuals not related to you, who we may contact regarding your abilities.

Name:	Relationship:	Organization:
Working Phone Number:	Address:	Years Acquainted:
Name:	Relationship:	Organization:
Working Phone Number:	Address:	Year Acquainted:
Name:	Relationship:	Organization:
Working Phone Number:	Address:	Years Acquainted:

ABUSE REGISTRY AND CRIMINAL HISTORY WAIVER

I hereby give permission for the City of Jefferson to conduct a child and or/dependent adult abuse check and an Iowa criminal history check with the Division of Criminal Investigations, if necessary. Any information maintained by DCI may be released and I understand that it will be used by the requestor only for licensing, employment, and volunteer purposes.

Applicant's Signature

Date

SIGNATURE REQUIRED

By signing below, I certify that the answers and information set out above and true, accurate, and complete to the best of my knowledge. I acknowledge that if any answer or information is not true, accurate, or complete I may not be hired; or "IF" hired, I may be discharged.

I authorize the employer to investigate all statements contained in this application for employment to include criminal, child, and/or adult abuse information as well as my character and qualifications. I release the employer from all liability for acts performed in good faith and without malice in connection with evaluation of my application.

I authorize my prior employer, references, and other with information regarding my work, education history or my character, to provide the employer with all information requested and to cooperate fully with the investigation of my character and qualifications. I also release those employers, references, and others from all liability for providing information in good faith and without malice.

I understand that this application is not a contract of employment. I agree that if employed, I will abide by all policies, procedures, rules, and regulations established by City of Jefferson, including having a direct deposit for paychecks.

I also understand that, "IF" I am offered employment, the offer is conditional upon receipt of satisfactory employment reference, acceptable criminal/abuse background information, and favorable health evaluation, which include a physical examination.

Applicant's Signature

Date

It is the policy of the City of Jefferson, an Equal Opportunity and Affirmative Action Employer, that all persons employed will be treated without regards to race, color, religion, qualified disability, sex, age, or national origin, except where these categories are a bona fide occupation qualification.

FOR OFFICE USE ONLY

Hire Date:

Department:

Position:

Pay Step & Range: