

*City of Atkins*

AN EQUAL OPPORTUNITY EMPLOYER

# EMPLOYMENT APPLICATION

We consider applicants 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, except where age, sex, or physical or mental ability constitute a bona fide occupational qualification necessary for job performance. 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 reasonable accommodation to the application and or interview process should notify a representative of the City of Atkins.

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<br>(   )  | CELL PHONE<br>(   ) | WORK PHONE (IF AVAILABLE)<br>(   )   |
| EMAIL ADDRESS  |                     | SSN: _____ Not required ---  |
| BEST TIME TO CONTACT YOU: _____ AM _____ PM  |                     | WHERE TO CONTACT YOU: HOME CELL WORK   |
| Date available to begin work _____ as _____ Full-time _____ Part-time<br>_____ Temp/Intern _____ Seasonal Summer or Winter (choose only one)                     |                     |  |
| yes  | no                  | Are you able to make 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. If                  |
| yes  | no                  | you are between 16 and 18, and if it is required, can you furnish a work permit?<br>If no, please explain: _____ |
| yes  | no                  | Have you ever been employed here before?   |
| yes  | no                  | Are you legally eligible for employment in this country?   |
| yes  | no                  | Have you ever been convicted of a crime in the last seven (7) years?<br>If yes, please explain: _____            |
| CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Each instance and explanation will be considered in relation to the position for which you are applying. |                     |  |

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 side-walks and the sitting or standing areas immediately adjacent to the buildings. Also smoking is prohibited in all vehicles owned, leased or operated by or under the control of the City of Atkins.

**EDUCATION / TRAINING**

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**SECONDARY SCHOOL**

Circle highest grade completed: 9 10 11 12

Did you graduate?

yes

no

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

**EMPLOYMENT HISTORY** (LAST 10 YEARS of work history ONLY)

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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 present 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 present employer? \_\_\_\_\_ yes \_\_\_\_\_ no

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

Primary Job Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason you left: \_\_\_\_\_

**VETERANS PREFERENCE**

In order to document and verify eligibility, indicate active duty service dates below and attach a copy of your DD214 form. If you are on disability status, provide your VA case file number below.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
BRANCH OF SERVICE ENTRY DATE TO DISCHARGE DATE

VA CASE FILE NUMBER (IF DISABLED) \_\_\_\_\_

\_\_\_\_\_  
Signature Date Signed

## SKILLS / QUALIFICATIONS / EQUIPMENT

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Summarize your skills associated with the position 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 snow plow 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 cancelation 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 other-wise verify the accuracy of the information contained in this application. I hereby release from liability the City of Atkins and it's representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

I understand it is the City of Atkins policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accomodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand that post offer pre-employment drug and alcohol testing may be required, and that a positive 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

## BACKGROUND INFORMATION

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Please indicate below if you have any immediate family currently employed with the city as defined: employee's spouse, domestic partner or partner by cohabitation, children (1), mother, father, brother (2), sister (2) and persons with whom the employee is in an intimate relationship (3).

(1) This includes step children and children for whom the employee assumes parental responsibility.

(2) Brother and sister are defined to include step-siblings and half-siblings.

(3) An 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.

Current Employee Name: \_\_\_\_\_ Department \_\_\_\_\_

Current Employee Name: \_\_\_\_\_ Department \_\_\_\_\_

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: \_\_\_\_\_

Have you ever been disciplined or terminated by an employer in the last (10) years?    yes    no

If yes, please explain, including dates, employers name, and reason for action: \_\_\_\_\_

## Applicant's Statement

I hereby acknowledge that the selection process for this position is subject to Iowa open meetings and records. To the extent allowed by law, I request that my application be kept confidential. I further request that the sessions in which my qualifications are reviewed and discussed be done in closed session so as to protect my reputation.

Applicant's Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signed

**Note: If you do not sign this acknowledgement/request, your application may become a public record and consideration of your application may be done in open session.**

## VETERAN'S PREFERENCE FOR CIVIL SERVICE POSITIONS

In order to document and verify eligibility, indicate active duty service dates below and attach a copy of your DD214 form. If you are on disability status, provide your VA case file number below.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
BRANCH OF SERVICE                      ENTRY DATE                      TO                      DISCHARGE DATE

\_\_\_\_\_  
VA CASE FILE NUMBER (IF DISABLED)

Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Signed

# DRIVING RECORD INFORMATION

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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 pled 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 above 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: