

EMPLOYMENT APPLICATION - CITY OF ELKADER
207 N. MAIN STREET, ELKADER IA 52043 (563) 245-2098

Date of Application_____

NAME: First:_____ Middle: _____ Last:_____

Current Address:_____

City:_____ State:_____ Zip:_____

If you have resided at your present address less than three years, list your prior address:

Phone : _____

Email:_____

Are you a U.S. Citizen, or do you have a Visa permitting you to work in the U.S.? **Yes**____ **No**____
(Documentation of authorization to work in the U.S. will be required if an offer of employment is made/accepted.)

Have you applied for a position with the City of Elkader before? **Yes**:____ **No**:____
If yes, please describe the position previously applied for.

Do you have any relatives employed here (including City Council)? **Yes**:____ **No**:____
Name:

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application? **Yes**:____ **No**:____ If yes, provide all other name(s):

After a conditional job offer has been made, the successful candidate will be required to complete a pre-employment physical examination including drug testing, and a criminal background investigation.

Are you aware of this requirement and are you willing to comply with it? **Yes**:____ **No**:____

Position Applying For:_____ Library Assistant _____ Desired Salary: _____

List days and times you are **un**available to work_____

Have you been convicted of a felony or misdemeanor other than a minor traffic violation? Yes/No
If yes, please explain.

Are you a military veteran as defined in Iowa Code Section 35.1? Yes/No

If yes, provide dates of active duty: _____ to _____

EDUCATION & TRAINING

Education

Are you a high school graduate? **Yes:___ No:___**

Name & Location of High School

If no, do you have a GED?

Yes:___ No:___

Name/Location where GED Obtained

If you do not have a high school diploma or GED, indicate highest grade completed:_____

Name & Location of College or University Attended	Type of Degree e.g., BA	Year Degree Received	Major

Other Schools or Training (trade, armed forces, business, etc.)	Date of Attendance or Training	Subjects Studied	Type of Certificate Received	Year Certificate Awarded

Do you have relevant experience serving in the armed forces? **Yes:___ No:___** If yes, please state:

1. Branch of service: _____.
2. Dates of Service: _____ to _____.
3. Relevant Experience:

Please summarize any other special qualifications and skills possessed (i.e. licenses, certifications, computer software, public speaking, etc.). Explain how these were acquired and the extent of the experience. Attach additional sheets if necessary.

EMPLOYMENT HISTORY: Begin with your present or most recent employment. Explain any gaps in employment. Attach additional sheets if necessary. Please include all employment during the last 5 years.

Employer's Name: _____ From: _____ To: _____

Address: _____ Hours Worked Per Week: _____

Phone Number: _____

Supervisor's name: _____ May we contact them? _____

Start Salary: _____ End Salary: _____ Title of Position: _____

Reason for Leaving: _____

Describe your Duties and Accomplishments: _____

Employer's Name: _____ From: _____ To: _____

Address: _____ Hours Worked Per Week: _____

Phone Number: _____

Supervisor's name: _____ May we contact them? _____

Start Salary: _____ End Salary: _____ Title of Position: _____

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Describe your Duties and Accomplishments: _____

Employer's Name: _____ From: _____ To: _____

Address: _____ Hours Worked Per Week: _____

Phone Number: _____

Supervisor's name: _____ May we contact them? _____

Start Salary: _____ End Salary: _____ Title of Position: _____

Reason for Leaving: _____

Describe your Duties and Accomplishments: _____

Have you ever been discharged or asked to resign from any position? _____ If yes, please explain.

REFERENCES: List at least three persons who are not related to you and who have knowledge of your qualifications for the position you are applying for. Do not repeat the names of supervisors listed under employment history.

Name:	Relationship:	Telephone Number:

SIGNATURE REQUIRED/AGREEMENT and RELEASE

- To the best of my knowledge, the information herein is true and complete.
- I have read the Job Announcement or description and I can perform the essential functions, with or without reasonable accommodations.
- I hereby authorize the City of Elkader to investigate all the statements in this application and to secure any additional information from all employers, references, and academic institutions.
- I hereby release all those employers, references, academic institutions and the City from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the City.
- I also understand that I will be tested for the presence of drugs as part of the pre-employment screening.
- No promises of any form or nature regarding employment have been made to me, and no guarantee of any length of employment is, nor shall be, binding on this employer, unless an agreement to the contrary has been written and signed by the City.
- I understand that providing false information on this application is grounds for disqualification and/or dismissal.

Failure to sign and date this application will disqualify you from further consideration for employment for this position.

Applicant Signature:_____ Date Signed:_____

The City of Elkader is an equal opportunity provider and employer. Applicants are considered for employment without regard to race, creed, color, religion, gender, national origin, disability, age, familiar status, political affliction, citizenship, gender identity or sexual orientation or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. The City of Elkader will comply with any legal obligation to provide reasonable accommodations to qualified individuals with disabilities.

City of Elkader
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