



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, creed, disability, sexual orientation, gender identity, national origin, or other protected status. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Date _____ Social Security Number _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Phone No. _____ Email address _____

Referred By _____ Are you 18 years of age or older? Yes No

Do you possess a valid driver's license? Yes No State ____ Expiration Date _____

Your MVR (Motor Vehicle Record) will be checked – Driver's License No. _____

Is it a commercial driver's license (CDL)? Yes No Class? _____

List Endorsements _____

Ever been convicted of a crime? Yes No

Explain, if yes _____

EMPLOYMENT DESIRED

Position applied for _____

Date you can start _____ Salary Desired _____

Interested in: Full-time Part-time Seasonal Temporary

Employed now? Yes No May we inquire of your present employer? Yes No

Ever applied to the City of Altoona before? Yes No When? _____

Ever employed by the City of Altoona before? Yes No When? _____

EMPLOYMENT HISTORY (include military and self-employment)

List below in reverse order the positions you have held starting with your present or most recent employment

1. Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Date of Employment From: _____ To: _____ Wage/Salary _____

Supervisor _____ Titles/duties _____

Why did you leave? _____

2. Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Date of Employment From: _____ To: _____ Wage/Salary _____

Supervisor _____ Titles/duties _____

Why did you leave? _____

3. Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Date of Employment From: _____ To: _____ Wage/Salary _____

Supervisor _____ Titles/duties _____

Why did you leave? _____

4. Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Date of Employment From: _____ To: _____ Wage/Salary _____

Supervisor _____ Titles/duties _____

Why did you leave? _____

EDUCATIONAL RECORD

High School/GED _____

Address _____
Street City State Zip

of years completed _____ **Diploma** _____

College/University _____

Address _____
Street City State Zip

of years completed _____ **Diploma** _____

Vocational/Business School _____

Address _____
Street City State Zip

of years completed _____ **Diploma** _____

Other _____

Address _____
Street City State Zip

of years completed _____ **Diploma** _____

REMARKS

State any additional information regarding your knowledge, skills, and abilities which you feel may be helpful to us in considering your application including certifications, licenses, etc.

APPLICANT'S STATEMENT

I understand the City of Altoona is an employment-at-will employer. Employment is for no fixed term and an employee may terminate, or be terminated at any time, for any reason that is not against the law. These terms of employment may not be changed orally.

I understand the City of Altoona operates 24 hours a day, seven days a week. As work changes occur within departments, employees may be required to change shifts, and/or days worked, or work overtime. Each employee is required to comply with staffing needs.

I understand that the Immigration Reform and Control Act of 1986 (Public Law #99-603) requires all new employees to provide documents proving their legal right to be employed and establishing their identity. I further understand that all job offers are conditional on the production of satisfactory documentation as required by this law.

I understand and agree that if conditionally offered employment, I will be required to take an entrance medical examination which includes a drug screen based on analyses of body fluids. I further understand if alcohol, prescription drugs, or any controlled substance is detected through the screening process, that is not adequately explained, then I will not be considered for employment.

I certify that the information in this application is true and complete to the best of my knowledge. I authorize investigation of all matters contained in this application and agree that any misleading, false statements, or omissions are cause for rejection of this application and would be sufficient cause for dismissal after employment. I authorize investigation of my past employment, agree to cooperate in such investigation and release from all liability or responsibility all person, companies or corporations supplying such information. I agree that if employed, I will abide by all policies, procedures, rules and regulations established by the City of Altoona.

Applicant's Signature

Date

VETERAN'S PREFERENCE — The City of Altoona is subject to the Iowa Veteran's Preference Act. Are you a veteran of the United States Armed Forces? Yes ____ No ____ . Are you a current or former member of the Iowa National Guard or reserve forces of the United States with at least 20 years of service or served at least 90 days of active federal duty other than training? Yes ____ No ____ . Please list your dates of service _____. Do you have a service-connected disability or are you receiving compensation, disability benefits, or pension through the U.S. Department of Veteran's Affairs? Yes ____ No ____ . Have you been awarded the Purple Heart? Yes ____ No ____ .

Applicants who want to claim veteran's preference must submit proof of service dates and type of discharge prior to or at the time of discharge.

FEDERAL / STATE INFORMATION FORM

The City of Altoona is an equal opportunity employer, and our employment practices conform to state and federal civil rights laws which prohibit discrimination in regard to race, creed, color, sex, gender identity, sexual orientation, religion, disability, national origin, age, or other protected status.

The City of Altoona takes pride in being an equal opportunity employer. The information requested below is used to assist us in our compliance with Federal/State equal opportunity recordkeeping and reporting. To assist us in this process we request your cooperation in providing the following information. (Your participation is voluntary and will be kept confidential.)

Your response will not be used in any way to determine your eligibility for employment. Thank you for your assistance.

Name _____ Application Date _____

Position Desired _____ Birth Date _____

Sex: Male Female Social Security Number _____

How were you referred to us? Newspaper Ad City Website Friend
 Iowa Workforce & Development Relative
 Other: _____

- Race: American Indian or Alaskan Native – All persons having origins in any of the original people of North America who are recognized as an Indian by either a tribe, tribal organization, or suitable authority in the community.
- Asian or Pacific Islander – All persons having origins in any of the original people of the Far East, Southeast Asia, the Pacific Islands, or Indian subcontinent (Bangladesh, Bhutan, India, Nepal, Pakistan, Sikkim, Sri Lanka).
- Black – All persons having origins in any of the Black racial groups.
- Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.
- White (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.