



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, disability or national origin. 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. _____

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

Do you possess a valid Driver's License? Yes No State _____ Exp. Date _____

Your MVR (Motor Vehicle Record) will be checked - Driver's License # _____

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 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 or 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 U.S. citizenship or their authorized alien work status to begin employment. 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 in the absence of an acceptable medical explanation, 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 persons, 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 - Veteran's preference applies to honorably discharged citizens and residents of the state with dates of service any time between 12/7/41-12/31/46; 6/25/50-1/31/55; 8/5/64-5/7/75; 8/2/90-2/28/91 dates are inclusive. Additional points will also be added if you have a qualifying service-connected disability. U.S. Military Service? Yes _____ No _____ Dates of active duty: From: _____ To: _____ Type of discharge: _____ Are you a citizen and a resident of Iowa? Yes _____ No _____ If you answered yes and if your dates of service fall within the listed dates, do you have a service-connected disability or are you receiving compensation, disability benefits, or pension under laws administered by the veteran's administration (an honorably discharged veteran who has been awarded the Purple Heart for disabilities incurred in action shall be considered to have a service-connected disability)? Yes _____ No _____ Applicants wishing to claim veterans preference must submit proof of service including dates of active duty and type of discharge prior to or at the time of interview. Do you intend to claim veterans preference? Yes _____ No _____

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, religion, disability, national origin, or age.

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 employment 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? Advertisement Friend Relative
 Emp. Agency Walk-in 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, at 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.