



APPLICATION FOR EMPLOYMENT

The City of Storm Lake considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, and/or any other legally protected status.

Applications filed with the City of Storm Lake are public records unless otherwise stated in the Job Posting or Announcement. Personal Information including social security number and driver's license number are protected from public disclosure in all cases.

Position(s) Applied for _____ Date of Application _____

How did you learn about this opening? Advertisement Friend Relative Employment Agency Other

Last Name _____ First Name _____ Middle Name _____

Address: Number, Street _____ City, State _____ Zip _____

Telephone Number(s) _____ Cell Phone Number(s) _____ E-mail address _____ Social Security Number _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If yes, give date and position: _____

Have you ever been employed by us before? Yes No If yes, give date and position: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration "Status"? Yes No

On what date would you be available for work? Date _____

Are you available to work? Full Time Part Time Shift Work Temporary/Seasonal

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain:

Conviction will not necessarily disqualify an applicant from employment.

Education/Training

Elementary School: _____

High School: _____

City and State: _____

Number of Years Completed: _____ Diploma? Yes No

College: _____

City and State: _____

Number of Years Completed: _____ Degree: _____ Majors/Minors: _____

Other (Specify): _____

| Indicate any languages you can speak, read and/or write: | | | |
|--|--------------------------|--------------------------|------|
| | FLUENT | GOOD | FAIR |
| SPEAK | <input type="checkbox"/> | <input type="checkbox"/> | |
| READ | <input type="checkbox"/> | <input type="checkbox"/> | |
| WRITE | <input type="checkbox"/> | <input type="checkbox"/> | |

| Describe any specialized training, apprenticeship, skills, and extra-curricular activities: |
|---|
| |
| |
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| |

| COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES | Branch of Service |
|--|--------------------------------------|
| Describe your duties and any special training: | Period of Active Duty (Month & Year) |
| | From _____ To _____ |
| | Rank at Discharge |
| | Date of Final Discharge |

| List Professional, Trade, Business, or Civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:</i> |
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Employment Experience

Start with your present or last job. Include any job-related military service assignments or volunteer activities. (You may exclude organizations which indicate gender, race, religion, national origin, age, ancestry, disability, or other protected status.) You may attach separate pages if additional space is needed.

| | | | | |
|------------------|------------|--------------------|--------|----------------|
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | City | State | Zip | |
| | | | | |
| Telephone Number | | Hourly Rate/Salary | | |
| Job Title | Supervisor | Hourly | Yearly | |
| | | Reason for leaving | | |

| | | | | |
|------------------|------------|--------------------|--------|----------------|
| Employer | | Dates Employed | | Work Performed |
| | | From | To | |
| Address | City | State | Zip | |
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| | | | | |
| Telephone Number | | Hourly Rate/Salary | | |
| Job Title | Supervisor | Hourly | Yearly | |
| | | Reason for leaving | | |

References

Name _____ Address _____ City _____ State _____ Zip _____ Phone _____

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Applicant's Statement

I certify that the information and answers given herein are true and complete to the best of my knowledge.

I authorize the City of Storm Lake to investigate all of the statements contained in this application for employment as may be necessary for arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the City Administrator or (his/her) designee.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the City of Storm Lake.

Signature of Applicant *(must be an original signature)*

Date

Release



I hereby authorize the Iowa Department of Transportation to release my driving history record to the City Clerk's Office of the City of Storm Lake for the purpose of an employee background check.

Signature of Applicant *(must be an original signature)*

Date

Name (Please Print)

Social Security Number

Driver's License Number

State where issued

Applicant's (for Employment) Waiver of Liability and Release Form

In order for the City of Storm Lake to make a thorough investigation of my background, health, family history, personal habits, and reputation for the purpose of determining my fitness and suitability for employment with the City, I, _____, hereby release from liability and agree to hold harmless from liability the City of Storm Lake, its officers, employees, or agents based upon

any theory of liability or cause of action relating to any act or failure to act in connection with that investigation. This specifically includes inquiries into all aspects of my background which are permitted by law, and is with the understanding the the City will not make any inquiry into my state of health until such time as the City shall have offered me a job subject to successfully passing a physical or other health background investigation which the City may elect to conduct.

I further authorize any present or former employer, school, health care provider or other person, including all of their officers, employees, or agents to release any information they may have about me to the City of Storm Lake and I hereby agree to hold harmless all such entities or persons from any liability under any theory or cause of action relating to the release of any information about me. I specifically waive the privileges I have initialized below:

Attorney-Client

Psychotherapist-Patient

Clergyman-Patient

Accountant-Client

Doctor-Patient

Husband-Wife

This Release and Hold Harmless Agreement shall be binding upon myself, my beneficiaries and heirs, my personal representative, and any successors and assigns.

Date

Signature of Applicant *(must be an original signature)*

Date of Birth

READ CAREFULLY BEFORE SIGNING