



APPLICATION FOR EMPLOYMENT

THE CITY OF CEDAR FALLS IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS OUR POLICY THAT ALL APPLICANTS BE CONSIDERED SOLELY ON THE BASIS OF QUALIFICATIONS AND ABILITY WITHOUT REGARD TO RACE, RELIGION, COLOR, CREED, SEX, SEXUAL ORIENTATION, GENDER IDENTITY, AGE, NATIONAL ORIGIN, DISABILITY, MARITAL OR VETERAN STATUS, OR ANY OTHER LEGALLY PROTECTED STATUS.

Please Indicate how you obtained this application: In Person Mail Fax Email Web City's Website

PLEASE PRINT AND COMPLETE FORM IN DETAIL.

Position(s) Applying For:		Date Application Completed: / /	
Name (Last, First, Middle):		Driver License Number:	
Street Address:	City:	State:	Zip Code:
Telephone Number(s):	Home: () - Work: () - Cell: () -	Best Time to Contact You:	
Email Address:			

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? If Yes, Date ____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by us before? If Yes, Date ____ / ____ / ____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your friends employed by us? If Yes, Please List Name and Department:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your relatives employed by us? If Yes, Please List Name and Department:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed? If Yes, may we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the legal right to work permanently in the U.S.? <i>Proof of citizenship or immigration status will be required upon employment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or received a deferred judgment for, a crime? <i>(This includes OWI, felony, misdemeanor, and traffic offenses, other than speeding, parking or related tickets.)</i> If Yes, Please Explain: Offense _____ Place _____ Date ____ / ____ / ____ Disposition _____ <i>Attach additional sheet if necessary - The existence of a criminal record will not automatically bar employment, but will only be considered in relation to specific job requirements.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available to work: ____ / ____ / ____ <i>(Please Indicate Preference)</i>	<input type="checkbox"/> Full-Time (<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd Shift) <input type="checkbox"/> Part-Time (Morning Afternoon Evening) <input type="checkbox"/> Temporary (Dates: ____ / ____ / ____ to ____ / ____ / ____)
Desired Salary Range: _____	
Can you travel if the job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
"OUR CITIZENS ARE OUR BUSINESS"

EMPLOYMENT HISTORY (Please list all present and past employment, beginning with most recent or current employer. Attach additional copies as needed)

Employer:	Dates of Employment: From: ____/____/____ To: ____/____/____	Position:
Address: City: State:	Salary/Pay Rate: Starting: Ending:	Supervisor:
Phone: () - May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties Performed:	Reason for Leaving:
Employer:	Dates of Employment: From: ____/____/____ To: ____/____/____	Position:
Address: City: State:	Salary/Pay Rate: Starting: Ending:	Supervisor:
Phone: () - May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties Performed:	Reason for Leaving:
Employer:	Dates of Employment: From: ____/____/____ To: ____/____/____	Position:
Address: City: State:	Salary/Pay Rate: Starting: Ending:	Supervisor:
Phone: () - May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties Performed:	Reason for Leaving:
Employer:	Dates of Employment: From: ____/____/____ To: ____/____/____	Position:
Address: City: State:	Salary/Pay Rate: Starting: Ending:	Supervisor:
Phone: () - May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duties Performed:	Reason for Leaving:
Professional Memberships:		
Professional Offices held:		

EDUCATION	Name and Address	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Graduate Professional				
Other (Specify)				

Specialized Training, Licensing, Certifications, Apprenticeship, Skills or Job-Related Skills or Qualifications acquired from employment, experience or from the Military
CDL Type / Class:
Endorsements / Restrictions:

SPECIALIZED SKILLS (Please check Skills/Equipment Operated)

<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Database
<input type="checkbox"/> Typewriter: _____ wpm	<input type="checkbox"/> Phone
<input type="checkbox"/> iSeries	<input type="checkbox"/> Radio (Type: _____)
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Other Equipment, Machinery or Skills not listed: _____
<input type="checkbox"/> Spreadsheet	_____

Any additional information you feel may be helpful to us in considering your application:

Note to Applicant: (Do not answer this question unless you have been informed about the requirements of the job for which you are applying)

Are you capable of performing in a reasonable manner, with reasonable accommodations, the duties involved in the job for which you are applying? Yes No

REFERENCES (Other than relatives)

1.		() -
	Name	Phone #
2.		() -
	Name	Phone #
3.		() -
	Name	Phone #

