

# APPLICATION FOR EMPLOYMENT



## City of Guttenberg

502 South First St. ~ PO Box 580 ~ Guttenberg IA 52052-0580  
Phone: 563-252-1161 Website: [www.cityofguttenbergia.gov](http://www.cityofguttenbergia.gov)

INSTRUCTIONS: PLEASE PRINT IN INK OR TYPE.

### PERSONAL DATA

NAME: \_\_\_\_\_  
(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(STREET AND NUMBER) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) (ZIP) \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ CELL PHONE NO. \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? NO \_\_\_\_\_ YES \_\_\_\_\_

Iowa law requires that a preference in public employment be given to individuals who qualify as veterans. A veteran must be given a preference in hiring over other job applicants who are not better qualified for the position. The questions below must be completed to determine if you are qualified for the veteran's preference.

ARE YOU A VETERAN AS DEFINED IN IOWA CODE SECTION 35.1? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, DESCRIBE THE SERVICE WHICH QUALIFIES YOU AS A VETERAN:

U.S. MILITARY OR SERVICE \_\_\_\_\_ RANK \_\_\_\_\_

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

IF YOU ARE CLAIMING VETERAN'S PREFERENCE, PLEASE ATTACH A COPY OF YOUR DD214 FORM

OTHER/ADDITIONAL INFORMATION:  
\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT DESIRED

POSITION APPLIED FOR \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_

HAVE YOU EVER APPLIED HERE BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_

### EDUCATION

NO. YEARS COMPLETED DID YOU GRADUATE? SUBJECTS STUDIED

HIGH SCHOOL: \_\_\_\_\_

COLLEGE OR TRADE SCHOOL: \_\_\_\_\_

LIST ANY TRAINING, CERTIFICATIONS OR EXPERIENCE RELATED TO THE JOB YOU ARE APPLYING FOR.  
\_\_\_\_\_  
\_\_\_\_\_

## FORMER EMPLOYERS

<u>DATES EMPLOYED</u>	<u>NAME &amp; ADDRESS OF EMPLOYER</u>	<u>POSITION &amp; JOB DUTIES</u>	<u>REASON FOR LEAVING</u>
1.			
2.			
3.			
4.			
5.			
6.			

HAVE YOU BEEN EMPLOYED WITH THE CITY BEFORE (  ) NO (  ) YES: EXPLAIN: \_\_\_\_\_

DO YOU HAVE ANY RELATIVE EMPLOYED BY THE CITY (  ) NO (  ) YES: EXPLAIN: \_\_\_\_\_

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"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYEMENT AND ANY PERTINANT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYEMENT IS FOR NO DEFINITE PERIOD AND MAY BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

SIGNATURE OF APPLICANT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
/ \_\_\_\_\_ / \_\_\_\_\_  
DATE

### MOTOR VEHICLE RECORD CHECK

THE CITY OF GURRENBERG RESERVES THE RIGHT TO CONDUCT A REVIEW OF THE DRIVING RECORDS OF INDIVIDUALS APPLYING FOR EMPLOYMENT. EMPLOYMENT MAY BE CONTINGENT UPON THE POSSESSION OF A GOOD DRIVING RECORD.

DRIVER'S LICENSE NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

STATE OF IOWA \_\_\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

COMMERCIAL DRIVER'S LICENSE \_\_\_\_\_ NO \_\_\_\_\_ YES TYPES OF ENDORSEMENTS/RESTRICTIONS (EXPLAIN):  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

APPLICANTS NAME (PRINTED/TYPED)

## AUTHORIZATION FOR EXAMINATION AND RELEASE OF INFORMATION

I, \_\_\_\_\_ DO HEREBY AUTHORIZE A REVIEW, FULL DISCLOSURE AND RELEASE OF ANY AND ALL RECORDS CONCERNING MYSELF TO ANY DULY AUTHORIZED OFFICER, AGENT OR EMPLOYEE OF THE CITY OF GUTTENBERG WHETHER THE RECORDS ARE OF A PUBLIC, PRIVATE OR CONFIDENTIAL NATURE, WITH THE FOLLOWING UNDERSTANDINGS:

1. THE INFORMATION REVIEWED, DISCLOSED OR RELEASED MAY BE USED BY THE CITY OF GUTTENBERG TO DETERMINE EMPLOYMENT ELIGIBILITY.
2. I RELEASE THE PROVIDERS AND USERS OF THE INFORMATION COLLECTED PURSUANT TO THIS AUTHORIZATION FORM ANY LIABILITY UNDER STATE OR FEDERAL PRIVACY LAWS AND FURTHER RELEASE THE CITY OF GUTTENBERG, ITS OFFICERS, AGENTS AND EMPLOYEES FROM ANY LIABILITY WHICH MAY BE INCURRED AS A RESULT OF THE COLLECTIONS AND USE OF THE INFORMATION.
3. IF THIS AUTHORIZATION IS NOT SUFFICIENT TO OBTAIN ACCESS TO CERTAIN RECORDS, IT IS UNDERSTOOD THAT I MAY BE REQUESTED TO EXECUTE SOME OTHER APPROPRIATE AUTHORIZATION OR RELEASE, AND THAT ANY FAILURE TO DO SO MAY BE TAKEN INTO CONSIDERATION BY THE CITY OF GUTTENBERG IN THEIR REVIEW OF THIS APPLICATION.
4. I UNDERSTAND THAT I MAY REVOKE THIS AUTHORIZATION IN WRITING AT ANY TIME AND THE CITY OF GUTTENBERG MAY TAKE ANY SUCH REVOCATION OF THIS AUTHORIZATION INTO CONSIDERATION IN THEIR REVIEW OF THIS APPLICATION.
5. THIS AUTHORIZATION WILL AUTOMATICALLY EXPIRE ONE YEAR FROM THE DATE SIGNED.
6. A PHOTOCOPY OF THIS AUTHORIZATION WILL HAVE THE SAME FORCE AND EFFECT AS THE ORIGINAL.

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SIGNATURE OF APPLICANT

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DATE

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APPLICANT'S NAME (PRINTED/TYPED)