

**CITY OF URBANDALE
APPLICATION FOR EMPLOYMENT**



City of Urbandale
P.O. Box 65320
4200 Mills Civic Pkwy.
West Des Moines, IA 50265-0320
515-222-3616
515-273-0601 (FAX)

If you need help while completing this application form or during any phase of the employment process, please notify the City of Urbandale and every effort will be made to accommodate your needs in a reasonable amount of time.

Please complete each page of the application. If more space is needed, please use a separate sheet of paper. An incomplete application may delay processing. Please print clearly. An illegible application will not be processed.

All qualified applicants will receive consideration without discrimination because of race, creed, religion, color, sex, age, national origin, or disability.

Personal Information

Date ____/____/____ Position you are applying for: _____

Name _____ Social Security Number ____ - ____ - ____
Last First M.I.

Address _____
Street Apt.# City State Zip

Home Telephone # () _____ Work Telephone # () _____

Cell Telephone # () _____ Email Address _____

Do you have a legal right to work in the US full-time? { } Yes { } No

Are you 18 years of age or older? { } Yes { } No

Have you worked for the City of Urbandale before? { } Yes { } No Dates: _____

Reason for leaving _____

Do you have any relatives employed with the City of Urbandale? { } Yes { } No

Name(s) & Relationship: _____

Have you ever been convicted of a misdemeanor or felony? (For purposes of this question, "convicted" includes found guilty, plead guilty, plead no contest, or been given a deferred sentence or judgment.) { } Yes { } No

If yes, please explain _____

(Note: A conviction will not automatically disqualify an applicant for a particular job. The type and seriousness of the crime, the frequency of violations, the date of conviction, and the applicant's entire work and educational history will be considered.)

Veterans Preference

Are you a US Veteran _____ Dates of active service: _____
From To

Iowa residents who served in the United States Armed Forces during the following periods of conflict and were honorably discharged are eligible to receive veterans preference points: 12/7/41 – 12/31/46, 6/25/50 – 1/31/55, 8/5/64 – 5/7/75, and the Persian Gulf Conflict beginning 8/2/90. **If you believe you are eligible for veteran's preference consideration, please include a copy of your DD214 and, if applicable, proof of service connected disability.**

MI:

First Name:

Last Name:

Job Description

- { } Yes { } No Have you been given a copy of the job description or had the requirements of the job explained to you?
- { } Yes { } No Do you understand the requirements?
- { } Yes { } No Can you perform the requirements of this job with or without a reasonable accommodation?
- { } Yes { } No If the job requires, do you have the appropriate valid driver's license?
 Drivers License # _____ Type _____ State _____
- { } Yes { } No Have you had any vehicular moving violations in the past 10 years? If yes, please describe _____

Education / Training / Skills

Do you have a High School Diploma or GED? { } Yes { } No

EDUCATION	NAME & ADDRESS OF SCHOOL	YEAR GRADUATED	COURSE OF STUDY MAJOR/MINOR	DIPLOMA/DEGREE AWARDED
High School				
College / Trade School				
College / Trade School				
College / Trade School				
Other Training				

List any special training, seminars, etc. which you have attended which relate to the position you are applying for.

List any certifications and/or licenses you possess which are required for the position you are applying for. Include any other related certifications and/or licenses you feel are relevant.

List any professional / trade organizations that you are a member of which are related to the position you are applying for. You may omit those organizations which may indicate race, religion, etc.

List any equipment and/or machinery, related to the position you are applying, which you are able to operate. (office equipment, back hoe, end loader, etc.)

Work History

List **all** employment, starting with your most recent job. Account for any time period that you were unemployed by stating the nature of your activities. Use a separate sheet of paper if necessary. You may submit a resume to supplement the information you provide below. **However, you must fill out this section completely.**

Most Recent Employer	Address	Telephone #
From: To:	Starting Salary: Ending Salary:	Starting Position:
Name and Title of Supervisor:		Ending Position:
Description of Duties:		Reason For Leaving:
Previous Employer	Address	Telephone #
From: To:	Starting Salary: Ending Salary:	Starting Position:
Name and Title of Supervisor:		Ending Position:
Description of Duties:		Reason For Leaving:
Previous Employer	Address	Telephone #
From: To:	Starting Salary: Ending Salary:	Starting Position:
Name and Title of Supervisor:		Ending Position:
Description of Duties:		Reason For Leaving:
Previous Employer	Address	Telephone #
From: To:	Starting Salary: Ending Salary:	Starting Position:
Name and Title of Supervisor:		Ending Position:
Description of Duties:		Reason For Leaving:

May we contact your present employer? { } Yes { } No

If no, Please explain: _____

Statement of Understanding

I understand:

that completing this application does not constitute an offer of employment and that my application may be rejected for any reason.

that the statements made by me in this application and all related information which I have provided are true, accurate, and complete to the best of my knowledge. I also understand that if I provide false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which the City discovers the violation of its policy regarding dishonesty.

that I may be required to complete a medical history form and may be required to be examined by a medical professional designated by the City at the post-offer stage.

that the use of illegal drugs is prohibited during employment and that I may be required to undergo and successfully pass a screening for alcohol and/or drugs that is included in a post offer pre-employment physical examination. I also understand that, if extended an offer of employment, I may be required to submit to an alcohol or drug screening according to state law.

that if I sustain any injury or illness while in the employment of this organization, I agree that this organization shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and hospitals to give this organization full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.

that this application will be considered only for the position I am applying for; if I wish to be considered for other positions, I must submit a new application for each position.

that this employment application and any other employee-related documents are not contracts of employment; and that this organization follows an "employment at will" policy that an individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time and for any reason.

that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I agree to be responsible for public property and equipment issued to me by the City until returned by me. I agree to pay for property and equipment not returned and authorize the City to withhold an amount equal to value of property not returned by me from my final pay.

Authorization to Release Information

I authorize the City of Urbandale to make a complete investigation of me, including but not limited to, my past employment history, medical history, scholastic record, criminal activity, motor vehicle driving records, workers' compensation history and to receive the results of any physical examination, including the results of alcohol or drug screening I may be required to undergo, and to rely on such information sources. I understand that this organization may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation, and personal characteristics. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to this organization, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

Applicant Name: _____
Last First M.I.

Signature of Applicant _____

Date ____/____/____

CITY OF URBANDALE

VOLUNTARY

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION DATA

The City of Urbandale is an EEO/AA Employer. We will consider all applicants for positions without regard to race, creed, religion, color, sex, age, national origin, or disability. We comply with all applicable laws governing employment practices and do not discriminate based on any unlawful criteria.

In an effort to comply with requirements regarding government reporting and to monitor our Affirmative Action Program we request that you complete this form. Your cooperation in providing the data is appreciated.

THIS FORM MAY BE COMPLETED BY THE APPLICANT ON A VOLUNTARY BASIS. THE INFORMATION PROVIDED WILL NOT BE USED FOR MAKING ANY EMPLOYMENT DECISION AND IT WILL BE FILED SEPARATELY FROM YOUR EMPLOYMENT APPLICATION AND KEPT CONFIDENTIAL IN ACCORDANCE WITH APPLICABLE LAWS AND REGULATIONS.

Applicant Information

Position you are applying for: _____

Name: _____ Telephone # _____
Last First M.I.

Address: _____
Street Apt.# City State Zip

Sex:

- Male
 Female

Please select one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic origin)
 Black (not of Hispanic origin)
 Hispanic
 Asian or Pacific Islander
 Native American (American Indian or Alaskan Native)

Referral Source:

- City of Urbandale Web Site
 Iowa Workforce Development
 Radio
 Job Announcement – posting location: _____
 Newspaper Advertisement – name of newspaper: _____
 Professional Journal – name of journal: _____
 School/College/University – name of institution: _____
 Internet Advertisement – name of web site: _____
 Other – please specify: _____



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**BACKGROUND/REFERENCE CHECK
 INFORMATION FORM**

Instructions

THE INFORMATION PROVIDED ON THIS FORM WILL NOT BE USED AS A FACTOR IN THE APPLICATION SCREENING PROCESS. IT WILL ONLY BE USED FOR IDENTIFICATION PURPOSES WHEN CONDUCTING BACKGROUND/REFERENCE CHECKS. TO EXPEDITE THE HIRING PROCESS, PLEASE COMPLETE THE FORM COMPLETELY AND SUBMIT WITH CITY OF URBAN DALE APPLICATION FOR EMPLOYMENT.

Applicant Information

Name: _____ Date: ____/____/____
Last First M.I.

Maiden Name: _____ Alias Name: _____

Social Security Number: ____/____/____ Date of Birth: ____/____/____

List the Cities and States where you have lived and worked in the last 7 years. Please include the name(s) you used while residing and/or working in each location.

City	State	Name Used		
		Last	First	MI
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____
7) _____	_____	_____	_____	_____
8) _____	_____	_____	_____	_____

Signature of Applicant: _____