



APPLICATION FOR EMPLOYMENT

Date of Application: _____

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Human Resources.

Position Applying For: _____

Can you perform the essential functions of the job for which you are applying with or without a reasonable accommodation?

Yes

No

How did you find out about us? _____

Applicant Information

Name: _____
Last First Middle

Address: _____
House Number & Street City State Zip

Phone Number: _____ Secondary Phone Number: _____

Email: _____

Are you eligible to work in the United States? Yes No (Proof of identity and eligibility will be required upon employment.)

Are you over the age of 18? Yes No (If no, you may be required to provide authorization to work.)

Have you ever been terminated from employment or asked to resign by an employer? Yes No

If yes, please provide company names and details: _____

Have you ever worked for this organization before? Yes No

If yes, what department? _____

What dates? _____ Job title? _____

Employment desired: Full-Time Part-Time On Call Seasonal

Hours and days available to work: _____

Have you ever been convicted of a felony, misdemeanor or pled no contest? Yes No

If yes, please explain. A conviction record will not necessarily be a bar to employment. Consideration will be given to the time and seriousness of the offense as well as rehabilitation and the relationship of the offense to the job.

Military Service

Branch: _____ From: _____ To: _____

Rank at discharge: _____

Are you currently in the Armed Forces: Yes No

Education

	Name of School	Years Completed	Diploma/Degree	Major Course/ Study
High School				
College				
Vocational or Trade School				
Other				

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying?

Yes No

If yes, please describe: _____

Employment History

Beginning with your most recent job, list all part-time and full-time positions, including self-employment and military service. Additional sheets may be added if necessary.

1. Dates Worked: From _____ To _____ Ending Salary: _____ per _____
Employer's Name: _____ Supervisor's Name: _____
Job Title: _____ Phone: (____) _____
Employer's Address: _____
Job Responsibilities: _____
Reason for leaving: _____
May we contact this employer? Yes No

2. Dates Worked: From _____ To _____ Ending Salary: _____ per _____
Employer's Name: _____ Supervisor's Name: _____
Job Title: _____ Phone: (____) _____
Employer's Address: _____
Job Responsibilities: _____
Reason for leaving: _____
May we contact this employer? Yes No

3. Dates Worked: From _____ To _____ Ending Salary: _____ per _____
Employer's Name: _____ Supervisor's Name: _____
Job Title: _____ Phone: (____) _____
Employer's Address: _____
Job Responsibilities: _____
Reason for leaving: _____
May we contact this employer? Yes No

References

Name	Business	Title	Phone Number

Acknowledgment

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the City of Indianola's service whenever it is discovered.

I give the City of Indianola the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the City of Indianola and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

I understand the City of Indianola is an equal employment opportunity employer. The City of Indianola does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand it is the City of Indianola's policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand that post offer pre-employment drug and alcohol testing will be required and that a positive test result will terminate any job offer.

It is understood that if a conditional offer of employment is given, I may be required to successfully complete a medical exam and physical capacity profile (PCP) before hiring is finalized. Medical exams and PCP testing will be conducted by a physician designated by the City of Indianola and will be conducted at the expense of the City.

I understand that if I am applying for the position of police officer, I must meet or exceed all requirements as required by the Iowa Law Enforcement Academy, which includes physical agility, vision and hearing standards.

I authorize the City to conduct a driving record check if driving will be required in my position with the City and will complete a criminal check regarding my background and further authorize all governmental agencies, departments, bureaus or related entities to release any and all information regarding my driving record and criminal history, if any, and also agree to prepare and sign any other form necessary to complete a criminal background check. I understand that a conviction is not an automatic bar to employment but that the City will consider the seriousness and nature of the crime, the date of the conviction and the extent of any rehabilitation.

I understand the City has the option of conducting a credit check for me. If such a check will be performed, the City will provide me with written notice to comply with the Fair Credit Reporting Act. I agree to execute the appropriate authorization if presented to me by the City.

If I am hired, I understand that I may resign at any time, with or without cause and without prior notice, and the City of Indianola reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the City of Indianola, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

The City of Indianola does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days from the date it is signed. At the conclusion of this time, if I have not heard from the City of Indianola and still wish to be considered for employment, it will be necessary to fill out a new application.

I hereby acknowledge that the selection process for this position is subject to Iowa open meetings and records. To the extent allowed by law, I request that my application be kept confidential. I further request that the sessions in which my qualifications are reviewed and discussed be done in closed session so as to protect my reputation.

I acknowledge and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature

Date

EEO

The following forms are for governmental reporting purposes only and will not be used in the decision to hire.

INVITATION TO SELF IDENTIFY - PRE-EMPLOYMENT

Invitation to Self-Identify

This employer is subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USE-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I identify as one or more of the classification of protected veteran listed above.
- I am not a protected veteran.
- I prefer not to answer.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Printed Name: _____

Signature: _____

Date: _____

APPLICANT VOLUNTARY SELF-ID FORM - PRE-EMPLOYMENT

Affirmative Action Voluntary Information

Our company is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. **Completion of information below is voluntary.**

Applicant Information

Name: _____ Date: _____

Ethnicity/Race

Please indicate your ethnicity or race by selecting one option below. If you are Hispanic, please select the Hispanic category. If you are not Hispanic, please select one of the other categories.

- Hispanic or Latino (all races)*
- Black or African American, not Hispanic or Latino*
- White, not Hispanic or Latino*
- Native Hawaiian or Other Pacific Islander, not Hispanic or Latino*
- Asian, not Hispanic or Latino*
- American Indian or Alaska Native, not Hispanic or Latino*
- Two or more Races, not Hispanic or Latino*
- I prefer not to answer*

What is your gender?

- Female
- Male

VOLUNTARY SELF-IDENTIFICATION OF DISABILITY - PRE-EMPLOYMENT

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.