

December 2021

APPLICATION FOR EMPLOYMENT

** We are an Equal Opportunity Employer who fully and actively supports equal access for all people, regardless of Race, Color, Religion, Creed, Sex, Age, Veteran Status, National Origin, Disability, Sexual Orientation, Citizenship Status, Familial Status, Political Affiliation, Genetic Information or Testing, and Gender Identity or Expression or any other legally protected status. We prohibit Retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or participate in the investigation of any complaint, or otherwise oppose discrimination**

Last Name	First Nam	ie	Middle 1	Name	
Address	City		State	Zip	
Telephone Number(s)		Email Address	S		
Position(s) applying for:	1				
Best time to contact you is:					
f you are under 18 years of	age, can you prov	vide proof of yo	ur eligibility to	o work? Yes □ No□]
Have you ever filled out an	application with u	is before? Yes [□ No □ If Ye	s give date	
Oo you have any relatives e	mployed with the	City of Ottumv	va? CHECK (ONE YES NO	O
f Yes, name of employee _					
Are you currently employed	? Yes □ No □				
May we contact your presen	at employer? Yes	s 🗆 No 🗆			
Are you prevented from law Status? <i>Proof of citizenship</i>	•	_ ·	•	_	
Date available to work	Wha	at is your desire	d salary range?		

Are you available to work Full-Time Temporary (indicate dates available)					
	Part-Time □				
Are you currently on "lay-off" status and subject to recall? Yes □ No □					
Can you travel if a job req	uires it? Yes □ No				
EDUCATION					
	Name & Address of School	Course of Study	Number of Yrs Completed	Diploma/Degree	
High School					
Undergraduate College					
Graduate Professional					
Other (Specify)					
Describe any specialized training, apprenticeship, skills and extra-curricular activities.					
Describe any job-related training received in the United States military.					

EMPLOYMENT EXPERIENCE-Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer Address Telephone Number(s) Job Title Supervisor Dates Employed Hourly Rate/Salary Work Performed	From:	To:	
	Reason for Leaving			
2.	Employer Address	From:	To:	
	Reason for Leaving			
3.	Employer Address Telephone Number(s) Job Title Supervisor Dates Employed Hourly Rate/Salary		To:	
	Work Performed			
	Reason for Leaving			

4.	Employer Address Telephone Number(s) Job Title Supervisor Dates Employed Hourly Rate/Salary	From:	To:		
	Work Performed				
	Reason for Leaving				
			ivities and offices held. Yo lorigin, age, ancestry, disc		
Other	TIONAL INFORMATI Qualifications harize special job-related s		ulifications acquired from e	mployment or other exper	ience.
SPEC	IALIZED SKILS	(CHECK S	KILLS/EQUIPMENT OI	PERATED)	
Ter	rminalSpread	sheet	Production/Mobile Machinery (list)	Other (list)	
PC	/MACWord I	Processing			
Ту	pewriterShortha	and			
W	PMWPM				
State o	any additional information	n you may be	helpful to us in considerin	g your application.	<u>-</u>
					_

ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? Yes □ No □ **REFERENCES** 1. (Name) Phone # (Address) 2. (Name) Phone # (Address) 3. (Name) Phone # (Address) NOTICE: The City of Ottumwa has a smoke free environment & is a drug free work place. Any & all employees must comply with the State and City requirements. Applicants must have not been convicted of a felony or a crime of moral turpitude. Crimes of moral turpitude include but are not limited to income tax evasion, perjury, theft, indecent exposure, sex crimes, conspiracy to commit a crime, defrauding the government, illegal drug sales, assault, stalking, and domestic abuse. HAVE YOU BEEN CONVICTED OF A FELONY OR A CRIME OF MORAL TURPITUDE? CHECK ONE YES \square NO \square DO YOU POSSESS AND MAINTAIN A VALID IOWA DRIVER'S LICENSE? CHECK ONE YES \square NO \square

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED

APPLICANT'S STATEMENT

I understand that employment with the City of Ottumwa is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law. 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 an authorized executive of the City.

I authorize the City to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I herby release the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information. I understand, also, that I am required to abide by all rules and regulations of the City.

I understand that the City requires the successful completion of a drug and/or alcohol test as a condition of employment and a pre-employment physical.

I understand this application will be active for a period of 45 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

The City maintains employment applications as confidential records pursuant to Iowa Code section
22.7(18) unless the applicant consents to the application being made public. Upon hire, some
application information may become a public record in accordance with Iowa Code section 22.7(11)(a).

Signature of Applicant	Da	te



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

, (PLEASE PRINT YOUR FU	JLL NAME
INCLUDING MIDDLE NAME) do hereby authorize a review of and full discretords concerning myself to any duly authorized agent of the City of Ottumwa.	
The intent of this authorization is to give my consent for disclosure of record background reports, complaints or grievances filed by or against me.	ds, including
I understand that any information obtained by a personal history background i which is developed directly or indirectly, in whole or in part, upon this release will be considered in determining my suitability for employment by the City of also certify that any person(s) who may furnish such information concerning me held accountable for giving this information; and I do hereby release said person and all liability which may be incurred as a result of furnishing such information release the Ottumwa Police Department and the City of Ottumwa from any and which may be incurred as a result of collecting such information.	authorization Ottumwa. I shall not be (s) from any on. I further
For those prospective employees who are subject to drug and alcohol testing State and Federal Law, the City is required to contact employers regarding ver drug test results, alcohol test results of 0.04 or greater and refusals to be tested alcohol and documentation of successful completion of return-to-duty requires the preceding two years. I consent to the release of this information to the City of	ified positive for drugs or ments within
I have read and fully understand the contents of this "Authorization for Release Information". Upon hire, I will provide my social security number and bi employment purposes only.	
Signature of Applicant Date	
Department working in	
The City of Ottumwa is an equal opportunity employer	

City of Ottumwa 105 East Third Street, Ottumwa, Iowa 52501 Telephone 641-683-0600 Fax 641-683-0613