Employment Application



15 N 6th St * P.O. Box 185 * Clear Lake, IA 50428 * 641-357-5267 (P) * www.cityofclearlake.com

PLEASE USE INK OR TYPE

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 a representative of the City of Clear Lake.

Position Applying	For:			Date:	
Last Name	First Name	М	iddle Name	Social Secur	 rity #
Street Address		Apt. #	City	State	Zip
() Phone #		Mail Address			
May we contact yo	u at work? Yes] No			
If you are a finalist f	or this position, may v	we contact your	current employer f	for a reference? Yes	No
	gible for employmen vill be required at tim			No	
Are you legally elig	gible to remain and v	work in the Ur	nited States? Yes	No	
Are you capable of accommodation?	performing the esse Yes	ential function	s of this job with o	or without reasonab	ole
If you marked "yes	ves working for the (s" above, please com	plete below:			
Name:			Relationship	:	
Driver's License		Operator	's 🗌 Chauffeur'	s CDL C	
Number	Sta	ate		Please state e	endorsements

Veteran's Preference for City of Clear Lake positions are given to <u>Iowa residents</u> who served in the United States armed forces during the following periods of conflict: 12/7/41-12/31/46, 6/25/50-1/31/55, 8/5/64-5/7/75, and 8/2/90-present. If you are eligible for Veterans Preference consideration, please list your dates of service below. A copy of your DD-214 and, if applicable, proof of disability, must be included with your application in order to receive Veteran's Preference.

Dates of Service:
Dates of Service:

Which of the following do you have?	High School Diploma	GED	
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PLEASE LIST BELOW ALL EDUCATION BEYOND HIGH SCHOOL

Dates From:	To:	Major	Cro Sem.	edits Qtr.	Degree Rece	e/Year ived

List any special training, workshops, seminars, etc. in which you have participated which relate to or are required for this position(s), certification(s), or other miscellaneous qualifications.

Please list your special skills and/or proficiency in the operation of specific machinery required for this position:

Beginning with your most recent job, list all employment for the last ten years including relevant volunteer and military service. Also include any employment prior to the last ten years that is relevant to this position, and account for any gaps in employment dates. If additional space is needed, attach a separate sheet. A resumé may also be submitted but cannot be substituted for the information requested on the application.

Company Name	Position T	ïtle	From (Month/Year)	To (Month/Year)
Company Address/Phone	Name & Title of Supervisor			Hours Worked Per Week
	Salary \$	Reason for Leaving		<u> </u>
Description of Duties:				

Company Name	Position Title		From (Month/Year)	To (Month/Year)
Company Address/Phone	Name & T	itle of Supervisor		Hours Worked Per Week
	Salary \$	Reason for Leaving		
Description of Duties:				

Company Name	Position Title		From (Month/Year)	To (Month/Year)
Company Address/Phone	Name & Title of Supervisor			Hours Worked Per Week
	Salary \$	Reason for Leaving		
Description of Duties:				

Employment History

This sheet is for you to use when additional space is required for prior employment information.

Name:

-			
	Last	First	Middle

Company Name	Position Title		From (Month/Year)	To (Month/Year)
Company Address/Phone	Name & Title of Supervisor			Hours Worked Per Week
	Salary \$	Reason for Leaving		1
Description of Duties:				

Company Name	Position Title		From (Month/Year)	To (Month/Year)
Company Address/Phone	Name & Title of Supervisor			Hours Worked Per Week
	Salary \$	Reason for Leaving		
Description of Duties:				

Company Name	Position Title		From (Month/Year)	To (Month/Year)
Company Address/Phone	Name & Title of Supervisor			Hours Worked Per Week
	Salary \$	Reason for Leaving		
Description of Duties:	·			

Employment History

I certify that answers given herein are true and complete to the best of my knowledge.

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 Clear Lake's service whenever it is discovered.

I give the City of Clear Lake 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 Clear Lake and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information from any and all claims and liability which I may have or ever claim to have relating to information provided to the City as part of my application for employment.

I understand it is the City of Clear Lake'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.

If I am hired, I understand that any employment relationship with the City of Clear Lake is "at will" and I may resign at any time, with or without cause and without prior notice, and the City of Clear Lake 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 Clear Lake 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 Clear Lake 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 active for only 60 days. At the conclusion of this time, if I have not heard from the City of Clear Lake and still wish to be considered for employment, it will be necessary to fill out a new application.

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

Signature of Applicant:	Date:
Office Use Only	
Signature of Department Supervisor:	Hire Date:
Position Appointed:	Starting Wage: