

Employment Application



15 N 6th St * P.O. Box 185 * Clear Lake, IA 50428 * 641-357-5267 (P) * 641-357-8711 (F) * 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 Middle Name Social Security #

Street Address Apt. # City State Zip

() _____ - _____ () _____ - _____ _____
Home Telephone # Work/Message Telephone # E-Mail Address

Personal Information

May we contact you at work? Yes No

If you are a finalist for this position, may we contact your current employer for a reference? Yes No

Are you legally eligible for employment in the United States? Yes No

Proof of eligibility will be required at time of employment.

Are you legally eligible to remain and work in the United States: Yes No

Are you aware of any reason you cannot perform the essential functions of this job with or without reasonable accommodation? Yes No

Do you have relatives working for the City of Clear Lake? Yes No

Department: _____

Name: _____ Relationship: _____

Driver's License

Number State Operator's Chauffeur's CDL
Please state endorsements

Veteran's Preference for City of Clear Lake positions are given to Iowa residents 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: _____

Which of the following do you have? **High School Diploma** **GED**

PLEASE LIST BELOW ALL EDUCATION BEYOND HIGH SCHOOL

Education/Training

School Name & Location	Dates		Major	Credits		Degree/Year Received	
	From:	To:		Sem.	Qtr.		

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 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

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:			

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Description of Duties:			

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

Name: _____
Last
First
Middle

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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.

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 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 current 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: _____

