

CITY OF JESUP

EMPLOYMENT APPLICATION *EQUAL OPPORTUNITY EMPLOYER

791 6th Street, P.O. BOX 592, Jesup, Iowa 50648-0592

Telephone# (319) 827-1522 Fax# (319) 827-3510

<http://www.jesupiowa.com/>

Print in ink or type.

1. Answer all questions completely.
2. Resumes will not be accepted in lieu of applications.
3. At the time of employment with the city, you must submit proof of U.S. citizenship or authorization to work in the United States.
4. False statements or omission of material facts will result in rejection of your application or removal from employment after hire.

Position Applied For:

Date of Application:

PLEASE PRINT OR TYPE

PERSONAL INFORMATION

Last Name	First Name	Middle	Is there any name, other than the name stated here, which you have previously used to identify yourself? If so: Last Name: First Name: Middle:	Social Security Number	
Address			Apt. #	P.O. Box	Home Phone
City		State	Zip	Business Phone or Cell Phone Number	
Are you a citizen of the United States and legally able to work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 or older ? <input type="checkbox"/> Yes <input type="checkbox"/> No:		Do you have a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION AND TRAINING

Please include any training relative to the position you are applying for, including military:

Colleges, Vocational or Technical Schools	Major Subject	Units	Type of Degree or Certificate	Complete Course
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

LICENSES AND CERTIFICATES REQUIRED FOR, OR RELATED TO, THIS POSITION

Description	Issued by	ID #	Expiration Date

PERTINENT SPECIAL SKILLS

Please list experience with machines, office equipment, languages, or other special skills pertinent to the position for which you are applying.

ADDITIONAL INFORMATION

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Have you ever been employed by the City of Jesup? Yes No Are you willing to undergo a pre-employment physical exam? Yes No

Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service? Yes No
 If yes, explain: _____

Have you ever been convicted of a criminal offense? Yes No (If so, what and when) _____
 (Affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

Do you possess a valid driver's license (if job required)? Yes No State: _____ Driver's License # _____ Class: _____

If a driver's license is required by the job, have you received any tickets in the last three years for moving violations? Yes No How Many? _____
 Date: _____ Violation: _____ Date: _____ Violation: _____

Do you have relatives employed by the City of Jesup? Yes No

If yes, indicate the name, relationship, and department: _____

WORK EXPERIENCE

Beginning with your Present or most recent employer, describe all Work Experience including Military, Volunteer and Intern Experience. (Attach additional sheets if necessary, or retrieve Work Experience template)

Name of Present or Most Recent Employer			Address		
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern _____ hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	

Job Duties:

May we contact this employer? Yes No

Name of Employer			Address		
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern _____ hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	

Job Duties:

May we contact this employer? Yes No

Name of Employer			Address		
Dates of Active Duty:					
Starting Date	Leaving Date	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ hrs/wk <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern _____ hrs/wk	Reason for Leaving		
Month/Year	Month/Year				
Job Title (Present or Most Recent)		Name of Supervisor/Title		Phone #	

Job Duties:

May we contact this employer? Yes No

Military Experience Yes No		Branch of Service Army Navy Air Force Marines Coast Guard Reserve/National Guard	
Starting Date Month/Year	Leaving Date Month/Year	Salary \$ _____ per _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Volunteer	Class of Discharge Honorable Dishonorable Other
Rank (Present or Most Recent)		Name of Supervisor/Title	Phone #
Job Duties:			
** ATTACH A COPY OF YOUR DD-214 FORM TO THIS APPLICATION**			

REFERENCES		
(NOT EMPLOYERS OR RELATIVES AT LEAST THREE)		
Name and Address	Occupation	Phone

EMERGENCY CONTACT INFORMATION			
Name	Address	Relationship	Telephone Number

ATTACHMENT A

This Employer is an equal opportunity employer and does not discriminate against any employee or applicant for employment on the basis of age, race, religion, creed, color, sex, sexual orientation, gender identity, national origin, or disability.

Note: If you have a physical or mental disability and you believe that an accommodation may be necessary in order for you to complete this application, please state the kind of accommodation which you believe appropriate:_____

Please answer ALL questions. Print or write carefully. If you provide false, inaccurate, or incomplete information in this application form or in any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.

AGREEMENT (Please read the following statements carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a late date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the City of Jesup or myself. I understand that no management official other than the Mayor (with council approval) has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature_____

Date_____

City of Jesup

AFFIRMATIVE ACTION INFORMATION

The following information is necessary for the City of Jesup to evaluate its hiring practices and to prepare reports required by law for the State and Federal governments. This information is voluntary and will be kept separate and confidential.

Position Applied For: _____ Sex: Female Male

Date of Application: _____

RACIAL CATEGORY	
<input type="checkbox"/> WHITE/CAUCASIAN (Not of Hispanic origin)	All persons having origins in any of the original peoples of Europe, North Africa, or Middle East.
<input type="checkbox"/> BLACK/AFRICAN AMERICAN	All persons having origins in any of the black racial groups.
<input type="checkbox"/> HISPANIC/LATINO	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture of origin, regardless of race.
<input type="checkbox"/> ASIAN OR PACIFIC ISLANDER	All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands, Samoa, and India.
<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE	All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.

EQUAL EMPLOYMENT OPPORTUNITY: We are an Equal Opportunity/Affirmative Action Employer. We are dedicated to a policy of nondiscrimination in employment on the basis of race, color, religion, sex, national origin, age, or mental and/or physical disability.

APPLICATION PROCESS: Submit a completed City of Jesup employment application to the City of Jesup, PO Box 592 Jesup, Iowa 50648-0592, by the closing date. As requested, please also submit a completed, resume and cover letter.

DRUG SCREENING: If you apply for a safety sensitive position, a conditional job offer will be contingent upon successful completion of a drug screening, and subject to random testing after hire.

PROBATIONARY PERIOD: Newly hired and newly promoted employees serve a probationary period of fixed duration as the final step in the selection process to show their ability to perform the work.

SALARIES AND BENEFITS: The City of Jesup offers competitive salaries and a comprehensive benefits program provided to regular full-time employees; paid vacation, holidays, and sick leave; medical coverage to employees and dependents, retirement plan "IPERS"

IMMIGRATION LAW: In accordance with the Immigration Reform and Control Act of 1986 (IRCA), all newly hired employees will be required to complete and sign an Employment Eligibility Verification Form and present documentation verifying identity and employment eligibility.

City of Jesup

VOLUNTARY COMPLETION BY APPLICANT. NOT FOR INTERVIEW PURPOSES.

RECRUITMENT SOURCE

How did you become aware of this employment opportunity?

- Newspaper Which newspaper? _____
- City Employment Announcement City Job Information Line
- City Employee State Employment Office
- City Website Other Explain: _____

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