

City of Clinton  
An Equal Opportunity Employer

Office Use: _____
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Application for Employment  
Administration Department  
611 South 3<sup>rd</sup> Street  
Clinton Iowa 52732

We consider applicants for all positions without regard to race, color, creed, religion, gender, national origin, age, disability, marital status, or any other legally protected status.

**GENERAL**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Are you a citizen of the United States? Yes  No

If no, do you have a valid work permit? Yes  No

Are you 18 years old or older? Yes  No

Have you ever been employed or applied for employment with the City?  
Yes  No  If yes, when? \_\_\_\_\_  
Position \_\_\_\_\_

Do you have relatives employed by the City? Yes  No   
If yes, Name \_\_\_\_\_ Relationship \_\_\_\_\_ Position \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No   
If yes, explain nature of crime and date of conviction \_\_\_\_\_

Are you a veteran of the United States Military Service? Yes  No

Date of active duty \_\_\_\_\_

**WORK PREFERENCE**

Position applying for: \_\_\_\_\_ Date available for work: \_\_\_\_\_

Are you available and willing to work overtime? Yes  No

Are you available and willing to work shift work? Yes  No

**Employment** – Resumes will not be accepted in lieu of completion of this part or any part of this application.

If you are currently employed, may we contact your present supervisor? Yes  No

Please start with the most recent employer.

1. Name of current/last employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Starting Salary \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \_\_\_\_\_ per \_\_\_\_\_

Hours per week \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Name of previous employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Starting Salary \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \_\_\_\_\_ per \_\_\_\_\_

Hours per week \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Name of previous employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Starting Salary \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \_\_\_\_\_ per \_\_\_\_\_

Hours per week \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

4. Name of previous employer \_\_\_\_\_

Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Starting Salary \_\_\_\_\_ per \_\_\_\_\_ Ending Salary \_\_\_\_\_ per \_\_\_\_\_

Hours per week \_\_\_\_\_

Job Title \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

List any special skills in the operation of machinery or equipment \_\_\_\_\_

**EDUCATION** – Are you a high school graduate or equivalent? Yes  No

School Name & Address	Course of Study or Major	Type of Degree/Certificate Received	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If applicable, Typing Speed \_\_\_\_\_ Shorthand Speed \_\_\_\_\_

Do you possess any of the following licenses? Yes  No  If yes please check valid license.

Drivers License \_\_\_\_\_ Chauffeur License \_\_\_\_\_ Commercial License \_\_\_\_\_

List any special training (Short courses, workshops, etc.) \_\_\_\_\_

**REFERENCES –**

List the name, address, and phone number of three people with knowledge of your character, work experience, and skills or ability for the job you are applying for. Do not list relatives.

NAME	ADDRESS	TELEPHONE	PLACE OF EMPLOYMENT	LENGTH OF AQUAINTANCE

All statements made on this application are true and correct. I understand that intentional false statements made on this application will eliminate me from further consideration for employment or will be grounds for dismissal. I authorize the City of Clinton, and all my previous employers, educational institutions, law enforcement agencies, and other organizations named in this application (with the exception of \_\_\_\_\_) to conduct or participate in an investigation of my personal background, work history, educational credentials and police record as may be necessary to verify the information provided in my employment application and to determine my fitness to hold the position for which I have applied.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

# CITY OF CLINTON, IOWA

## AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

_____	_____	_____
Last Name	First Name	Middle Name
____/____/____	_____	____-____-____
Date of Birth	Sex	Social Security Number

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Clinton, Iowa, whether the said records are of a public, private or confidential nature, including criminal histories.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; criminal arrest record; police driving record; and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Clinton, Iowa. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the City of Clinton from any and all liability which may be incurred as a result of collecting such information.

**I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.**

A photocopy and/or fax of this release form will be valid as an original thereof, even though the said photocopy/fax does not contain an original writing of my signature.

*I have read and fully understand the contents of the "Authorization for Release of Personal Information".*

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*The City of Clinton, Iowa is an equal opportunity employer.*



# STATE OF IOWA

## Criminal History Record Check Request Form



DCI Account Number: \_\_\_\_\_  
(if applicable)

**To:** Iowa Division of Criminal Investigation  
Support Operations Bureau, 1<sup>st</sup> Floor  
215 E. 7<sup>th</sup> Street  
Des Moines, Iowa 50319  
(515) 725-6066  
(515) 725-6080 Fax

**From:** City of Clinton City Clerk

Clinton, IA 52732

**Phone:** (563) 244-3421

**Fax:** (563) 242-0057

The Clinton Police Department is requesting an Iowa Criminal History Record Check on:

<b>Last Name</b> (mandatory)	<b>First Name</b> (mandatory)	<b>Middle Name</b> (recommended)
<b>Date of Birth</b> (mandatory)	<b>Gender</b> (mandatory)	<b>Social Security Number</b> (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

**Waiver Information:** Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

**Waiver Release:** I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

**Waiver Signature:** \_\_\_\_\_

<h3><u>Iowa Criminal History Record Check Results</u></h3>	(DCI use only)
As of _____, a search of the provided name and date of birth revealed:	
<input type="checkbox"/> No Iowa Criminal History Record found with DCI	
<input type="checkbox"/> Iowa Criminal History Record attached, DCI # _____	
DCI initials _____	