

City of Clinton
An Equal Opportunity Employer

Office
Use: _____

Application for Employment

Administration Department
611 South 3rd 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 _____ Business Phone _____

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, 1st Floor
 215 E. 7th Street
 Des Moines, Iowa 50319
 (515) 725-6066
 (515) 725-6080 Fax

From: City of Clinton City Clerk
 611 South 3rd Street
 Clinton Iowa 52732

Phone: (563) 244-3421

Fax: (563) 242-0057

requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (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: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # _____

DCI initials _____