



P.O. Box 138  
400 CLABORNE DR.  
DECORAH, IOWA 52101

# EMPLOYMENT APPLICATION

*It is the policy of the City of Decorah to provide all persons equal access to programs, services, and employment. Those applicants requiring reasonable accommodation to the application/interview process should notify a representative of the HR Department.*

## PERSONAL INFORMATION

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Applicant ID # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Phone # \_\_\_\_\_ Cell/Alternate Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

If necessary, best time to call is \_\_\_\_\_  a.m.  p.m. Phone Cell/Alternate

May we contact you at work? Yes No

If **yes**, provide work number ( ) \_\_\_\_\_ and best time to call \_\_\_\_\_  a.m.  p.m.

Position(s) Applied For \_\_\_\_\_

Employment Desired Full-Time Part-Time Seasonal Temporary

Date available for work \_\_\_\_\_ Desired salary \$ \_\_\_\_\_

If you are under 18 and it is required, can you furnish a work permit? Yes No

Will you travel if job requires it? Yes No

Will you work overtime if required? Yes No

If **no**, please explain: \_\_\_\_\_

Have you ever submitted an application or been employed here before? Yes No

If **yes**, provide date(s) and position(s) applied for/held: \_\_\_\_\_

Are you legally eligible for employment in this country? Yes No

**The following question is not designed to elicit information about a disability. Do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.**

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)? Yes No Need More Information To Respond

**Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation, and position applied for will be taken into account.**

Have you ever pleaded "guilty" or "no contest" to or been convicted of a felony? Yes No

If **yes**, provide date(s) and details: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Starting with your most recent employer, provide the following information.

Company Name	Telephone:	Fax:
Address	Employed From: (MM/YYYY)	Employed To: (MM/YYYY)
Name & Title of Supervisor	Hourly Pay/Salary	___ Full-Time ___ Part-Time
Position Held/Summary of Duties:	May we contact your present employer for a reference? ___ Yes ___ No If no, please explain:	
	Reason for Leaving:	
What did you like most about your position?	What did you like least about your position?	

Company Name	Telephone:	Fax:
Address	Employed From: (MM/YYYY)	Employed To: (MM/YYYY)
Name & Title of Supervisor	Hourly Pay/Salary	___ Full-Time ___ Part-Time
Position Held/Summary of Duties:	Reason for Leaving:	
What did you like most about your position?	What did you like least about your position?	

Company Name	Telephone:	Fax:
Address	Employed From: (MM/YYYY)	Employed To: (MM/YYYY)
Name & Title of Supervisor	Hourly Pay/Salary	___ Full-Time ___ Part-Time
Position Held/Summary of Duties:	Reason for Leaving:	
What did you like most about your position?	What did you like least about your position?	

**EMPLOYMENT HISTORY** (continued)

Company Name	Telephone:	Fax:
Address	Employed From: (MM/YYYY)	Employed To: (MM/YYYY)
Name & Title of Supervisor	Hourly Pay/Salary	___ Full-Time ___ Part-Time
Position Held/Summary of Duties:	Reason for Leaving:	
What did you like most about your position?	What did you like least about your position?	

Explain any gaps in your employment, other than those due to personal illness, injury, or disability.

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If not addressed on previous page, have you ever been fired or asked to resign from a job? \_\_\_ Yes \_\_\_ No

If **yes**, please explain: \_\_\_\_\_

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**EDUCATIONAL BACKGROUND**

NAME OF SCHOOL ATTENDED (Include City/State)	YEARS COMPLETED	RECEIVED	MAJOR/MINOR ACHIEVED
		___ Diploma ___ GED ___ Degree ___ Certificate ___ Other	
		___ Diploma ___ GED ___ Degree ___ Certificate ___ Other	
		___ Diploma ___ GED ___ Degree ___ Certificate ___ Other	
		___ Diploma ___ GED ___ Degree ___ Certificate ___ Other	

**SKILLS AND QUALIFICATIONS**

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying (include languages spoken, continuing education, etc.): \_\_\_\_\_

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**COMPUTER PROFICIENCIES**

Check appropriate boxes; include software used and indicate years of experience.

✓	INDICATE SOFTWARE USED	YEARS
	Word Processing -	
	Spreadsheet -	
	Presentation/Publishing -	
	E-Mail -	
	Internet -	
	Other -	

**PROFESSIONAL ORGANIZATIONS**

List any job-related organizations that you belong to. Include professional, trade, volunteer work, military service, etc. **Exclude** memberships that would reveal race, color, religion, age, gender, national origin, genetic information, citizenship, disability, veteran status, or any other likewise protected class.

ORGANIZATION	POSITION/OFFICE HELD (If applicable)	From MM/YYYY	To MM/YYYY

**SPECIAL ACCOMPLISHMENTS**

List any special accomplishments, publications, awards, etc. Include any other job-related information you would like us to know about you. **Exclude** information that would reveal a protected class as addressed above.

**REFERENCES**

Provide name(s) of person(s) familiar with your current abilities. At least three professional references required. Do not list relatives.

NAME	TITLE	TELEPHONE NO.	EMAIL ADDRESS	YEARS KNOWN

**APPLICANT CERTIFICATION**

❖ I certify that all of the information I have submitted on this application is true and complete, and I understand that if any false or misleading information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

❖ I understand that the City of Decorah may, in its sole discretion, conduct or have conducted by an individual or entity of its choice, a criminal background history and driving record search on all employees. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

❖ If hired, I agree to conform to City of Decorah’s rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or City of Decorah’s option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the City of Decorah.

❖ I expressly authorize, without reservation, the City of Decorah, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview.

❖ I hereby waive any and all rights and claims I may have regarding the City of Decorah, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

❖ The City of Decorah does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under the applicable federal, state, or local law. The City of Decorah likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age, disability, or any other protected status and takes all complaints of harassment seriously. All complaints will be investigated promptly and thoroughly.

❖ I understand that this application remains current for thirty (30) days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new employment application.

❖ I agree that my electronic signature on this application is binding and enforceable, as if I had signed a paper copy. I acknowledge and agree that by submitting this electronic signature, I waive all rights to dispute the validity of my signature on this application.

**I CERTIFY THAT I HAVE READ, FULLY UNDERSTAND, AND ACCEPT ALL TERMS OF THE FOREGOING EMPLOYMENT APPLICATION.**

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

*The City of Decorah Is An Equal Opportunity Employer*