

# APPLICATION FOR EMPLOYMENT

City of Shenandoah  
 500 W Clarinda Ave, PO Box 338  
 Shenandoah, IA 51601



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

## APPLICANT INFORMATION (PLEASE PRINT)

Position Applied For		Date of Application	
Last Name	First	M.I.	
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
If you are under 18 years of age; Can you provide required proof of your eligibility to work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever filed an application with us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give date
Have you ever been employed with us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give date
Do you have relatives working for the City of Shenandoah?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list and what relation
Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
May we contact your present employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Proof of Citizenship or immigration status will be required upon employment</i>
On what date would you be available to work?			
Are you available to work:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Shift Work <input type="checkbox"/> Temporary <input type="checkbox"/>
Are you currently on "lay-off" status and subject to recall?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Can you travel if a job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you been convicted of a felony within the last seven years? <i>Conviction will not necessarily disqualify an applicant from employment.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.			YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such job or occupation is attached.			YES <input type="checkbox"/> NO <input type="checkbox"/>

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

**EDUCATION****High School**Diploma or GED YES  NO **College**

Major/Minor Area of Study Degree Obtained

**Other (Specify)**

Major/Minor Area of Study Degree Obtained

Any additional education that did not fit in above categories:

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Describe any specialized training, apprenticeship skills, extra-curricular activities, machinery operation skills that are job related:

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List professional, trade, business or civic activities and offices held. *You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.*

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State any additional information you feel may be helpful to us in considering your application.

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If job requires, do you have appropriate valid driver's licenses? YES  NO **VETERAN'S PREFERENCE**Do you wish to be considered veteran status under Iowa Code 35c? YES  NO **Those wishing to claim veteran's preference must submit proof of service (DD214) and, if applicable, proof of disability.**

**PREVIOUS EMPLOYMENT**

Start with your present or last job. Include any job-related military service, assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin disability, or other protected status. If you need additional space, please photocopy this page or continue on a separate sheet of paper.

Employer	Dates Employed From _____ To _____		Work Performed
Address			
Phone Number(s)	Job Status (check one) Part time <input type="checkbox"/> Full time <input type="checkbox"/>		
Job Title	Hourly Rate/Salary Starting _____ Final _____		
Supervisor			
Reason for Leaving			
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Employer	Dates Employed From _____ To _____		Work Performed
Address			
Phone Number(s)	Job Status (check one) Part time <input type="checkbox"/> Full time <input type="checkbox"/>		
Job Title	Hourly Rate/Salary Starting _____ Final _____		
Supervisor			
Reason for Leaving			
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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Job Title	Hourly Rate/Salary Starting _____ Final _____		
Supervisor			
Reason for Leaving			
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

**DISCLAIMER AND SIGNATURE**

**Note: All applicants will be required to pass a pre-employment physical evaluation and/or drug and alcohol screen after being offered a position and beginning as an employee of the City of Shenandoah.**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules of the Employer.

Signature

Date

*Revised January 2015*



# City of Shenandoah

500 W. Clarinda Avenue P.O. Box 338  
Shenandoah, Iowa 51601

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## AUTHORIZATION FOR INFORMATION RELEASE

Name:

Soc. Sec. #:

Date of Birth:

Driver's License #:

I, \_\_\_\_\_, do hereby authorize DESIGNATED ADMINISTRATIVE PERSONNEL WITH THE CITY OF SHENANDOAH to investigate my past education and employment history, background, driving record, and medical information as may be necessary in determining my suitability for a position with THE CITY OF SHENANDOAH. This includes, but not limited to, character, performance evaluations, attendance, attitude, discipline, and work habits.

I fully understand the information provided may be of a sensitive, confidential, and privileged nature, and may reflect negatively upon me. Any questions relating to the release of information should be directed to the City Administrator at 712-246-4411.

I acknowledge this information is necessary and will assist in determining my suitability for employment with THE CITY OF SHENANDOAH. I hereby release any providers of information from any and all liabilities. I further acknowledge a facsimile, scanned document, or copy of this release shall be as valid as the original.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date