

APPLICATION FOR EMPLOYMENT

Please Print

POSITION APPLYING FOR:

(Give Exact Job Title)

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Number) (Street)

(City) (State) (Zip)

EMAIL _____

TELEPHONE _____
(Home) (Alt. Phone)

DRIVER'S LICENSE NO _____ ISSUING STATE _____ TYPE _____ EXPIRATION DATE _____

Attention Applicant:
If you feel you may need special assistance when taking an employment test (i.e. written exam, oral interview, skills exam) because of a disability, you must submit a written request for such accommodation to the Human Resources Department by the close date for applications.

SOCIAL SECURITY NO. _____
(optional)

BIRTH DATE _____
(optional)

Are you now or have you ever been employed by the City of Council Bluffs? YES NO If yes, give department and dates.

Are you or your spouse related by blood or marriage to any City employee? YES NO If yes, give names and explain how related

Have you ever been fired or asked to resign from any job? YES NO If yes, give details:

Have you ever been convicted of any law violations? (excluding juvenile or parking) YES NO If yes, give details including dates:

May we contact your present employer regarding your qualifications YES NO

Do you wish to claim Veteran's Preference? YES NO Attention Veterans: In order to claim veteran's preference, you must bring a copy of your form DD214 to the Human Resources Office on or before the test date.

Check all of the following types of employment that you are willing to work:

<input type="checkbox"/> Permanent	<input type="checkbox"/> Day	<input type="checkbox"/> Full Time	<input type="checkbox"/> Required Overtime
<input type="checkbox"/> Temporary	<input type="checkbox"/> Evening	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Work Schedule involving weekends
<input type="checkbox"/> Nights			

EDUCATION

Check appropriate box if you possess one of the following: High School Diploma G.E.D. Certificate
Give highest grade level completed _____

COLLEGE OR VOCATIONAL TRAINING (BUSINESS, TRADES AND TECHNICAL)					
Name and Location	Major Subjects or Coursework	Total Hours In Major	Total Hours		Certificate or Diploma as Issued
			Sem.	Qtr	

MILITARY SERVICE

Branch of Service	From:	To:	Type of Discharge
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EMPLOYMENT RECORD

The following section must be filled out completely, although you may submit a resume or other supporting documentation if so desired. Begin with present or most recent experience. Account for a minimum of 5 years of employment or your last 5 jobs, whichever is greater. Use additional sheets if necessary. Voluntary non-paid experience will be accepted if job related.

Dates _____ From: _____ To: _____ Total: _____ Yrs. Mos.	Employer's Name, Address & Phone # _____ _____ _____	Job Title/Duties: _____ _____ Reason for Leaving: _____
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Use space below to list any other qualifications which you feel are applicable to the position for which you have applied. Include equipment or business machines you can operate, and professional licenses and registrations.

I certify that my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may bar me from the examination, remove my name from the eligible list, or if I have been appointed, cause my dismissal from the City Services. I also agree that ALL statements made on this application may be investigated, subject to any reservations regarding my present employer.

X SIGNATURE _____ **DATE** _____

APPLICANT STATISTICAL INFORMATION

Dear Applicant:

The City is required to create and maintain demographic information on all employees and job applicants. Job applicants are not required to respond; but we ask that you provide this information so that our statistical analysis is as accurate as possible.

THE CITY OF COUNCIL BLUFFS IS AN EQUAL OPPORTUNITY EMPLOYER

TODAY'S DATE: _____ NAME: _____

POSITION APPLIED FOR: _____

Check One:

- Female Age: _____
 Male

Check One:

- Hispanic or Latino
 Not Hispanic or Latino

If you checked Not Hispanic or Latino above,
Please check appropriate box below:

- American Indian/Alaska Native
 Asian
 Black/African American
 Native Hawaiian/Pacific Islander
 White
 Two or More Races

Definitions:

Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

American Indian or Alaska Native (Not Hispanic or Latino) – a person having origins in any of the original peoples of North and South American (including central America), and who maintain tribal affiliation or community attachment.

Asian (Not Hispanic or Latino) – a person having origins in any of the original peoples of the far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American (Not Hispanic or Latino) – a person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White (Not Hispanic or Latino) – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Two or More Races (Not Hispanic or Latino) – persons who identify with two or more race/ethnic categories named above.

Where did you learn about this job?

- Notice from City
 City employee
 City Hall bulletin board
 City website
 Other Internet source: _____
 Newspaper/Journal (which): _____
 College Placement (which): _____
 Other: _____

(PLEASE NOTE: *If you are given a job offer, you will be invited to identify at that time any disability for which you need an accommodation, or your status as a U.S. military veteran).*