



APPLICATION FOR EMPLOYMENT

The City of Storm Lake considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, and/or any other legally protected status.

Applications filed with the City of Storm Lake are public records unless otherwise stated in the Job Posting or Announcement. Personal Information including social security number and driver's license number are protected from public disclosure in all cases.

Position(s) Applied for _____ Date of Application _____

How did you learn about this opening? Advertisement Friend Relative Employment Agency Other

Last Name _____ First Name _____ Middle Name _____

Address: Number, Street _____ City, State _____ Zip _____

Telephone Number(s) _____ Cell Phone Number(s) _____ E-mail address _____ Social Security Number _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No If yes, give date and position: _____

Have you ever been employed by us before? Yes No If yes, give date and position: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration "Status"? Yes No

On what date would you be available for work? Date _____

Are you available to work? Full Time Part Time Shift Work Temporary/Seasonal

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain:

Conviction will not necessarily disqualify an applicant from employment.

Education/Training

Elementary School: _____

High School: _____

City and State: _____

Number of Years Completed: _____ Diploma? Yes No

College: _____

City and State: _____

Number of Years Completed: _____ Degree: _____ Majors/Minors: _____

Other (Specify): _____

Indicate any languages you can speak, read and/or write:			
	FLUENT	GOOD	FAIR
SPEAK	<input type="checkbox"/>	<input type="checkbox"/>	
READ	<input type="checkbox"/>	<input type="checkbox"/>	
WRITE	<input type="checkbox"/>	<input type="checkbox"/>	

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES	Branch of Service
Describe your duties and any special training:	Period of Active Duty (Month & Year)
	From _____ To _____
	Rank at Discharge
	Date of Final Discharge

List Professional, Trade, Business, or Civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:</i>

Employment Experience

Start with your present or last job. Include any job-related military service assignments or volunteer activities. (You may exclude organizations which indicate gender, race, religion, national origin, age, ancestry, disability, or other protected status.) You may attach separate pages if additional space is needed.

Employer		Dates Employed		Work Performed
		From	To	
Address	City	State	Zip	
Telephone Number		Hourly Rate/Salary		
Job Title	Supervisor	Hourly	Yearly	
		Reason for leaving		

Employer		Dates Employed		Work Performed
		From	To	
Address	City	State	Zip	
Telephone Number		Hourly Rate/Salary		
Job Title	Supervisor	Hourly	Yearly	
		Reason for leaving		

Employer		Dates Employed		Work Performed
		From	To	
Address	City	State	Zip	
Telephone Number		Hourly Rate/Salary		
Job Title	Supervisor	Hourly	Yearly	
		Reason for leaving		

References

Name _____ Address _____ City _____ State _____ Zip _____ Phone _____

Name _____ Address _____ City _____ State _____ Zip _____ Phone _____

Name _____ Address _____ City _____ State _____ Zip _____ Phone _____

Applicant's Statement

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

I authorize the City of Storm Lake to investigate all of the statements contained in this application for employment as may be necessary for 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 the City Administrator or (his/her) designee.

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

Signature of Applicant *(must be an original signature)*

Date

Release



I hereby authorize the Iowa Department of Transportation to release my driving history record to the City Clerk's Office of the City of Storm Lake for the purpose of an employee background check.

Signature of Applicant *(must be an original signature)*

Date

Name (Please Print)

Social Security Number

Driver's License Number

State where issued

Applicant's (for Employment) Waiver of Liability and Release Form

In order for the City of Storm Lake to make a thorough investigation of my background, health, family history, personal habits, and reputation for the purpose of determining my fitness and suitability for employment with the City, I, _____, hereby release from liability and agree to hold harmless from liability the City of Storm Lake, its officers, employees, or agents based upon

any theory of liability or cause of action relating to any act or failure to act in connection with that investigation. This specifically includes inquiries into all aspects of my background which are permitted by law, and is with the understanding the the City will not make any inquiry into my state of health until such time as the City shall have offered me a job subject to successfully passing a physical or other health background investigation which the City may elect to conduct.

I further authorize any present or former employer, school, health care provider or other person, including all of their officers, employees, or agents to release any information they may have about me to the City of Storm Lake and I hereby agree to hold harmless all such entities or persons from any liability under any theory or cause of action relating to the release of any information about me. I specifically waive the privileges I have initialized below:

Attorney-Client

Psychotherapist-Patient

Clergyman-Patient

Accountant-Client

Doctor-Patient

Husband-Wife

This Release and Hold Harmless Agreement shall be binding upon myself, my beneficiaries and heirs, my personal representative, and any successors and assigns.

Date

Signature of Applicant *(must be an original signature)*

Date of Birth

READ CAREFULLY BEFORE SIGNING



DISCLOSURE and AUTHORIZATION

THIS IS A TWO (2) PAGE FORM PLEASE FILL OUT COMPLETELY OR WE ARE NOT ABLE TO RUN THE BACKGROUND AND YOU WILL NOT BE CONSIDERED FOR EMPLOYMENT WITH THE CITY OF STORM LAKE.

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as part of our procedure in processing and evaluating your application for employment, we will be obtaining and reviewing a consumer report or an investigative consumer (Background Check) report for employment purposes. This authorization may be used to obtain a consumer report at any time during my employment.

I, _____, hereby consent and authorize CITY OF STORM LAKE or its agents to prepare an investigative consumer report, including but not limited to obtaining a consumer report and information as to my credit worthiness, credit standing, character, general reputation, credit capacity, personal characteristics, and mode of living. This report may involve personal interviews with sources, such as neighbors, friends, associates, past employers and educational institutions in which case I understand that I am entitled to a copy of my rights under the FCRA as well as to request additional disclosures of the nature and scope of the investigation. Public records may be used in this report, such as civil and criminal records, driving records, liens, and judgments that are deemed to have a bearing on my job performance. This consumer report will be used for employment purposes as it is defined in the Fair Credit Reporting Act, section 603 (h).

I am providing the following information for the preparation and proper verification of the consumer report.

Have you used another name such as maiden name or other married name? Yes _____ No _____
If yes, list names and corresponding years. _____

Drivers License number: _____ State of issuance (DL): _____

Date of Birth: _____ Social Security Number: _____

List all past **counties** of residence **and** corresponding years: (i.e. Scott, IA 2000 – 2009)

County _____ Years: From _____ through _____

County _____ Years: From _____ through _____

County _____ Years: From _____ through _____

County _____ Years: From _____ through _____

Current Address, City, State, & Zip

For **Minnesota and Oklahoma and California**, check here if you would like a copy of the consumer report.

New York Applicants or employees: You have the right to inspect and receive a copy of any investigative consumer report requested by employer by contacting Inquirehire at 800-494-5922. By signing below you acknowledge receipt of Article 23-A of NY Correction Law.

New York & Maine Applicants Only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified below. You may also contact



the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

Oregon Applicants Only: - Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information and remedies should you suspect or find that the Company has not maintained secured records is available upon request.

Washington State Applicants or Employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

California Only: *Under CA law, employers are prohibited from obtaining a consumer credit report unless it meets one of the following exceptions.

(1) a position in the state Department of Justice, (2) a managerial position, as defined, (3) that of a sworn peace officer or other law enforcement position, (4) a position for which the information contained in the report is required by law to be disclosed or obtained, (5) a position that involves regular access to specified personal information for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, (6) a position in which the person is or would be a named signatory on the employer's bank or credit card account, or authorized to transfer money or enter into financial contracts on the employer's behalf, (7) a position that involves access to confidential or proprietary information, as specified, or (8) a position that involves regular access to \$10,000 or more of cash.

I hereby acknowledge that I have read and understand this document and authorize the obtaining the consumer report.

Signature

Date

Email address

Print Full Name - Include Middle Name (please print legibly)

Backgrounds performed for the City of Storm Lake by:

Inquirehire

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Davenport, IA 52801

800-494-5922

inbox@inquirehire.com

Inquirehire Privacy Policy: <http://www.inquirehire.com/misc/privacy.php>