

EMPLOYMENT APPLICATION

THE CITY OF CORNING IS AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, creed, color, sex, national origin, religion, age sexual orientation, gender identity, marital status, mental or physical disability, genetic information, veteran status, or other class/category protected by federal, state, or local law, except where age, sex, or physical or mental ability constitute a bona fide occupational qualification necessary for job performance. Persons who are members of a protected class are encouraged to apply. Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and or interview process should notify a representative of the City of Corning.

PLEASE ANSWER EVERY QUESTION COMPLETELY. THIS APPLICATION AND ANY ATTACHMENTS BECOME A PART OF THE CITY OF CORNING RECORDS FOR TWO MONTHS AND WILL NOT BE RETURNED.

Position (s) for which you are applying	Date of Application
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LAST NAME	FIRST NAME	MIDDLE INITIAL
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ADDRESS

CITY	STATE	ZIP CODE
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HOME PHONE ()	CELL PHONE ()	WORK PHONE (IF AVAILABLE) ()
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EMAIL ADDRESS	SSN:
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BEST TIME TO CONTACT YOU: _____AM _____PM	WHERE TO CONTACT YOU: HOME CELL WORK
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Date available to begin work _____ as ____ Full time ____ Part-time
 ____ Temp/Intern _____ Seasonal Summer or Winter (choose only one)

yes no Are you able to make the attendance requirements of the position you are applying?

yes no Are you at least 16 years old? The City of Corning complies with all child labor regulations.

yes no If you are between 16 and 18, and if it is required, can you furnish a work permit?
 If no, please explain

__ yes no Have you ever been employed here before?

yes no Are you legally eligible for employment in this country?

yes no have you ever been convicted of a crime in the last seven (7) years?
 If yes, please explain

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. Each instance and explanation will be considered in relation to the position for which you are applying.

The Iowa Smoke-free Air Act prohibits smoking in all public buildings owned, leased, or operated by or under the control of the City of Corning, including the grounds of the public buildings such as the sidewalks and the sitting or standing areas immediately adjacent to the buildings. Also smoking is prohibited in all vehicles owned, leased or operated by or under the control of the City of Corning.

Job application 2013.pub

EDUCATION/TRAINING

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SECONDARY SCHOOL		Did you graduate?	YES	NO
CIRCLE HIGHEST GRADE COMPLETED	9 10 11 12	If No, did you earn a G.E.D. ?	YES	NO
POST SECONDARY				
CIRCLE HIGHEST GRADE COMPLETED	13 14 15 16	Did you graduate?	YES	NO

COLLEGE/UNIVERSITY/TRADE SCHOOL

USE BACK OF THIS PAGE AS NECESSARY

NAME OF SCHOOL	CITY/STATE		
DEGREE AWARDED	MAJOR/MINOR	YEAR DEGREE AWARDED	ATTENDANCE DATES
NAME OF SCHOOL	CITY/STATE		
DEGREE AWARDED	MAJOR/MINOR	YEAR DEGREE AWARDED	ATTENDANCE DATES

SPECIALIZED TRAINING

APPRENTICESHIPS, INTERNSHIPS, CERTIFICATES, ETC.

USE BACK OF THIS PAGE AS NECESSARY

TYPE OF TRAINING RELEVANT TO POSITION BEING APPLIED FOR	ORGANIZATION NAME
AWARDED	ATTENDANCE DATES
TYPE OF TRAINING RELEVANT TO POSITION BEING APPLIED FOR	ORGANIZATION NAME
AWARDED	ATTENDANCE DATES

WORK RELATED MEMBERSHIPS

TYPE OF MEMBERSHIP RELEVANT TO POSITION BEING APPLIED FOR

ORGANIZATION NAME

TYPE OF MEMBERSHIP RELEVANT TO POSITION BEING APPLIED FOR

ORGANIZATION NAME

CURRENT PROFESSIONAL OFFICES HELD

ORGANIZATION NAME

CURRENT PROFESSIONAL OFFICES HELD

ORGANIZATION NAME

EMPLOYMENT HISTORY (LAST 10 YEARS of work history ONLY)

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Start with your present or most recent position and provide all requested information on prior employment including periods of unemployment. The City of Corning considers military service as employment. You may also include job-related volunteer activities. **NOTE:** While you may attach a résumé to this application, writing "see attached résumé" will not substitute for writing the requested information on this form.

Current or Most Recent

Position Title _____ Employment Dates _____ to _____

Employer (previous and current name) _____

Does Employer still exist: ____yes ____no Phone # _____

Address _____ City _____ State _____ zip _____

Direct Supervisor _____ May we contact your present employer? ____yes ____no

Annual Salary \$ _____ Hours worked per week _____ # of employees supervised by you _____

Primary Job Duties _____

Reason for wanting to leave: _____

Current or Most Recent
 Position Title _____ Employment Dates _____ to _____

Employer (previous and current name) _____

Does Employer still exist: ____yes ____no Phone # _____

Address _____ City _____ State _____ zip _____

Direct Supervisor _____ May we contact your present employer? ____yes ____no

Annual Salary \$ _____ Hours worked per week _____ # of employees supervised by you _____

Primary Job Duties _____

Reason for wanting to leave: _____

VETERAN'S PREFERENCE

In order to document and verify eligibility, indicate active duty service dates below and attach a copy of your DD214 form. If you are on disability status, provide your VA case file number below.

_____ / _____ / _____ to _____ / _____ / _____

Branch of Service Entry Date Discharge Date

VA Case File Number (If Disabled) _____

Signature _____ Date Signed _____

REFERENCES (No Relatives or Employers) PAGE 4 OF 6

Name	Telephone Number	Email Address	Year known
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

SKILLS—QUALIFICATIONS—EQUIPMENT

Summarize your skills associated with the position you are applying. List any equipment you can operate associated with the position you are applying for. _____

Computer level: beginner intermediate advanced Software used: _____

Equipment: _____

Street Equipment: grader bulldozer maintainer skid loader back hoe fork lift boom truck snow plow dump truck other above

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the City of Corning's service whenever it is discovered.

I give the City of Corning the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the City of Corning and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organizations for furnishing such information.

I understand it is the City of Corning's policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I understand that post offer pre-employment drug and alcohol testing may be required, and that a positive test result will terminate any job offer.

If I am hired, I understand that I may resign at any time, with or without cause and without prior notice, and the City of Corning reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period of definite duration. I understand that no representative of the City of Corning, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

The City of Corning does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the City of Corning and still wish to be considered for employment, it will be necessary to fill out a new application.

I authorize the City to conduct a driving record check if driving will be required in my position with the City, and will complete a criminal check regarding my background and further authorize all governmental agencies, departments, bureaus or related entities to release any and all information regarding my driving record and criminal history, if any, and also agree to prepare and sign any other form necessary to complete a criminal background check. I understand that a conviction is not an automatic bar to employment, but that the City will consider the seriousness and nature of the crime, the date of the conviction, and the extent of any rehabilitation.

I understand the City has the option of conducting a credit check on me. If such a check will be performed the City will provide me with written notice to comply with the Fair Credit Reporting Act. I agree to execute the appropriate authorization if presented to me by the City.

I represent and warrant that I have read and fully understand the foregoing, and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____

Background Information

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Please indicate below if you have any immediate family currently employed as defined: employee's spouse, domestic partner or partner by cohabitation, children (1), mother, father, brother (2), sister (2) and persons with whom the employee is in an intimate relationship (3).

- (1) This includes step children and children for whom the employee assumes parental responsibility.
- (2) Brother and sister are defined to include step-siblings and half siblings.
- (3) An intimate relationship means a significant romantic involvement that need not include sexual involvement. An intimate relationship does not include casual social relationships or associations in a business or professional capacity.

Current Employee Name _____ Department _____

Current Employee Name _____ Department _____

Are you currently required to register as a Sex Offender in this or any other jurisdiction? _____ Yes _____ No

If Yes, please explain, including dates, location (State, County and City) of incident _____

Have you ever been disciplined or terminated by an employer in the last ten (10) years? _____ Yes _____ No

If Yes, please explain, including dates, employer's name, and reason for action _____

Applicant's Statement

I hereby acknowledge that the selection process for this position is subject to Iowa open meetings and records. To the extent allowed by law, I request that my application be kept confidential. I further request that the sessions in which my qualifications are reviewed and discussed be done in closed session so as to protect by reputations.

Applicant's Signature

Note: If you do not sign this acknowledgement/request, your application may become a public record and consideration of your application may be done in open session.

VETERAN'S PREFERENCE FOR CIVIL SERVICE POSITIONS

In order to document and verify eligibility, indicate active duty service dates below and attach a copy of your DD214 form. If you are on disability status, provide your VA case file number below.

Branch of Service	/ /	to	/ /	/ /
	Entry Date		Discharge Date	
VA Case File Number (If Disabled)				
Signature	/ / / /			
	Date Signed			

Those wishing to claim Veteran's preference must submit proof of service

FORM DED214 with application

Driving Record Information (if applicable to position applying for)

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If the position you have applied for requires the possession of a valid driver's license, please complete this form. License requirements are listed in the Job Description. The following information will be used to verify that you have a valid driver's license and to review your driving record for insurability purposes. Please answer each question completely.

NAME AS LISTED ON YOUR CURRENT DRIVER'S LICENSE		
DATE OF BIRTH	SOCIAL SECURITY NUMBER	
VALID DRIVER'S LICENSE NUMBER	TYPE OF DRIVER'S LICENSE	STATE OF LICENSE

HAVE YOU BEEN LICENSED TO DRIVE IN ANY OTHER STATE(S) IN THE LAST TEN (10) YEARS? ____ YES ____ NO

_____/_____/_____ TO ____/____/_____
_____/_____/_____ TO ____/____/_____
STATE DRIVER'S LICENSE NUMBER DATE DATE

Have you ever pled guilty to (including an Alford plea) received a deferred judgment for or been convicted of a major driving offense (for example: reckless driving, hit and run, operating while intoxicated, driving under suspension or while revoked, etc)? ____yes ____no If yes, please explain, including dates, location (State, County & City) of incident _____

I certify that the information provided above is true and complete. I understand that false statements made on this Driving Record Information Sheet may eliminate me from further consideration for employment or will be grounds for dismissal. I authorize the City of Corning obtain and review my driving record (s).

_____/_____/_____
Signature of Applicant Date signed

FOR CITY USE:

Reviewed by: _____

Date reviewed _____

Other comments _____

