



# CITY OF REDFIELD

808 First Street • Box 127 • Redfield, Iowa 50233-0127  
515.833.2512

## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, Religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

### PERSONAL INFORMATION

Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Phone No. \_\_\_\_\_

Referred By \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

Do you possess a valid Driver's License?  Yes  No State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Your MVR (Motor Vehicle Record) will be checked – Driver's License # \_\_\_\_\_

Is it a commercial driver's license (CDL)?  Yes  No Class? \_\_\_\_\_

List endorsements \_\_\_\_\_

Ever been convicted of a crime?  Yes  No

Explain, if yes \_\_\_\_\_

### PERSONAL INFORMATION

Position applied for \_\_\_\_\_

Date you can start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Interested in:  full time  part time  seasonal  temporary

Employed now?  Yes  No May we contact present employer?  Yes  No

Ever been employed by the City of Redfield Before? Yes  No  When? \_\_\_\_\_

# EMPLOYMENT HISTORY (Include military and self-employment)

List below in reverse order the positions you have held starting with your present or most recent employment.

1. Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Employment From: \_\_\_\_\_ To: \_\_\_\_\_ Wage/Salary \_\_\_\_\_

Supervisor \_\_\_\_\_ Titles/Duties \_\_\_\_\_

Why did you leave? \_\_\_\_\_

2. Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Employment From: \_\_\_\_\_ To: \_\_\_\_\_ Wage/Salary \_\_\_\_\_

Supervisor \_\_\_\_\_ Titles/Duties \_\_\_\_\_

Why did you leave? \_\_\_\_\_

3. Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Employment From: \_\_\_\_\_ To: \_\_\_\_\_ Wage/Salary \_\_\_\_\_

Supervisor \_\_\_\_\_ Titles/Duties \_\_\_\_\_

Why did you leave? \_\_\_\_\_

4. Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Employment From: \_\_\_\_\_ To: \_\_\_\_\_ Wage/Salary \_\_\_\_\_

Supervisor \_\_\_\_\_ Titles/Duties \_\_\_\_\_

Why did you leave? \_\_\_\_\_

# EDUCATION RECORD

High School/GED \_\_\_\_\_

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

# of years completed \_\_\_\_\_ Diploma \_\_\_\_\_

College/University \_\_\_\_\_

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

# of years completed \_\_\_\_\_ Diploma \_\_\_\_\_

Vocational or Business School \_\_\_\_\_

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

# of years completed \_\_\_\_\_ Diploma \_\_\_\_\_

Other \_\_\_\_\_

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

# of years completed \_\_\_\_\_ Diploma \_\_\_\_\_

## REMARKS

State any additional information regarding your knowledge, skills and abilities which you feel may be helpful to us in considering your application including certifications, licenses, etc.

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# FEDERAL / STATE INFORMATION FORM

The City of Redfield is an equal opportunity employer, and our employment practices conform to state and federal civil rights laws which prohibit discrimination in regard to race, creed, color, sex, religion, disability, national origin, or age.

The City of Redfield takes pride in being an equal opportunity employer. The information requested below is used to assist us in our compliance with Federal/State equal employment opportunity record keeping and reporting. To assist us in this process we request your cooperation in providing the following information. (Your participation is voluntary and will be kept confidential.)

Your response will not be used in any way to determine your eligibility for employment. Thank you for your assistance.

Name \_\_\_\_\_ Application Date \_\_\_\_\_

Position Desired \_\_\_\_\_ Birth Date \_\_\_\_\_

Sex:  Male  Female Social Security Number \_\_\_\_\_

How were you referred to us?  Advertisement  Friend  Relative  
 Emp. Agency  Walk-in  Other

- Race:  American Indian or Alaskan Native – All persons having origins in any of the original people of North America who are recognized as an Indian by either a tribe, tribal organization, and suitable authority in the community.
- Asian or Pacific Islander – All persons having origins in any of the original people of the Far East, Southeast Asia, the Pacific Islands, or Indian subcontinent (Bangladesh, Bhutan, India, Nepal, Pakistan, Sikkim, Sri Lanka)
- Black – All persons having origins in any of the Black racial groups.
- Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.
- White (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

## APPLICANT'S STATEMENT

I understand the City of Redfield is an employment-at-will employer. Employment is for no fixed term and an employee may terminate, or be terminated at any time, for any reason that is not against the law. These terms of employment may not be changed orally.

I understand the City of Redfield operates 24 hours a day, seven days a week. As work changes occur within departments, employees may be required to change shifts, and/or days worked, or work overtime. Each employee is required to comply with staffing needs.

I understand that the Immigration Reform and Control Act of 1986 (Public Law #99-603) requires all new employees to provide documents proving their U.S. citizenship or their authorized alien work status to begin employment. I further understand that all job offers are conditional on the production of satisfactory documentation as required by this law.

I understand and agree that if conditionally offered employment, I will be required to take an entrance medical examination which includes a drug screen based on analyses of body fluids. I further understand if alcohol, prescription drugs or any controlled substance is detected through the screening process, that in the absence of an acceptable medical explanation, I will not be considered for employment.

I certify that the information in this application is true and complete to the best of new knowledge. I authorize investigation of all matters contained in this application and agree that any misleading, false statements, or omissions are cause for rejection of this application and would be sufficient cause for dismissal after employment. I authorize investigation of my past employment, agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying such information. I agree that if employed, I will abide by all policies, procedures, rules and regulations established by the City of Redfield.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

VETERAN'S PREFERENCE – Veteran's preference applies to honorable discharged citizens and residents of the state with dates of service any time between 12/7/41-12/31/46; 6/25/50-1/31/55; 8/5/64-5/7/75; 8/2/90-2/28/91 dates are inclusive. Additional points will also be added if you have a qualifying service-connected disability. U.S. Military Services? Yes \_\_\_\_ No \_\_\_\_  
Dates of active duty: From \_\_\_\_\_ To: \_\_\_\_\_ Type of discharge: \_\_\_\_\_  
Are you a citizen and a resident of Iowa? Yes \_\_\_\_ No \_\_\_\_ If you answered yes and if your dates of service fall within the listed dates, do you have a service-connected disability or are you receiving compensation, disability benefits, or pension under laws administered by the veterans administration (an honorably discharged veteran who has been awarded the Purple Heart for disabilities incurred in action shall be considered to have a service-connected disability)? Yes \_\_\_\_ No \_\_\_\_ Applicants wishing to claim veteran's preference must submit proof of service including dates of active duty and type of discharge prior to or at the time of interview. Do you intend to claim veteran's preference? Yes \_\_\_\_ No \_\_\_\_