



City of Mason City - Human Resources
10 First Street NW - Mason City, IA 50401
(641) 421-3378 - FAX (641) 421-3389

APPLICATION FOR EMPLOYMENT

If you need help to fill out this application form or for any phase of the employment process, please notify the Human Resources Department and every effort will be made to accommodate your needs in a reasonable amount of time. Please complete each page of the application. An incomplete application may delay processing. Print clearly, illegible applications will not be processed. The application may be faxed to the Human Resources Dept. at (641) 421-3389, however the original application is also to be submitted by email or mail.

All qualified applicants will receive consideration without discrimination because of race, creed, religion, color, gender, age, national origin, disability or sexual orientation. All qualified applicants with a disability that may impact the essential functions of the position sought must notify the interviewer if a reasonable accommodation may be necessary.

Personal Information

Date: ____ / ____ / ____ Position you are applying for: _____

Name: _____ Social Security Number: _____ - _____ - _____
(Last) (First) (M.I.)

Address: _____
(Street) (Apt. #) (City) (State) (Zip)

Home Telephone: _____ Cell Phone: _____ E-Mail: _____

Do you have a legal right to work in the United States full-time?: Yes No

Are you 18 years of age or older?: Yes No

Have you worked for the City of Mason City before?: Yes No If "Yes" give dates: _____

If "Yes" reason for leaving: _____

Do you have any relatives employed with the City of Mason City?: Yes No

Name (s) & Relationship: _____

Have you ever been convicted of a misdemeanor or felony? (For purposes of this question, "convicted" includes found guilty, plead guilty, plead no contest or, been given a deferred sentence or judgment.): Yes No

If yes, please list date(s) and charge(s): _____

(Note: A conviction will not automatically disqualify an applicant for a particular job. The type and seriousness of the crime, the frequency of violations, the date of conviction and, the applicant's entire work and educational history will be considered.)

Veteran's Preference

Are you a US Military Veteran?: Yes No Dates of active service: _____
(From) (To)

A resident of this state who served on active federal service, other than training, in the armed forces of the United States and who was discharged under honorable conditions is eligible to receive veterans' preference points. If you believe you are eligible for veterans' preference consideration, you will need to include a copy of your DD214 and, if applicable, proof of service connected disability at the time of application. Any related veteran's information must be received by the Human Resources Department prior to any applicable Civil Service examination.

Job Description

- Yes No Have you been given or viewed a copy of the job description or had the requirements of the job explained to you?
 Yes No Do you understand the requirements?
 Yes No Can you perform the requirements of this job with or without a reasonable accommodation?
 Yes No If the job requires, do you have the appropriate valid driver's license?
 Driver's License #: _____ Type: _____ State: _____
 Yes No Have you had any vehicular moving violations in the past 10 years? If yes, please list date(s) and violation(s):

Education/Training/Skills

Do you have a High School Diploma or GED?: Yes No

EDUCATION	NAME AND ADDRESS OF SCHOOL	YEAR GRADUATED	COURSE OF STUDY MAJOR/MINOR	DIPLOMA/DEGREE AWARDED
High School				
College/Trade School				
College/Trade School				
College/Trade School				
Other Training				

List any special training, seminars, etc., which you have attended which relates to the position for which you are applying:

List any certifications and/or licenses you possess which are required for the position you are applying. Include any other related certifications and/or licenses you feel are relevant:

List any professional/trade organizations that you are a member of which are related to the position you are applying. You may omit those organizations, which may indicate race, religion, etc.:

List any equipment and/or machinery, related to the position you are applying, which you are able to operate (office equipment, back hoe, end loader, etc.):

Employment History

List current and past employers. Account for any time period that you were unemployed by stating the nature of your activities. You may submit a resume to supplement the information you provide below. However, you must fill out this section completely. WRITING "SEE RESUME" IS NOT ACCEPTABLE.

Most Recent Employer:		Address:		Telephone #:
From:	To:	Starting Position:	Ending Position:	Ending Salary:
Name and Title of Supervisor:		Description of Duties: _____ _____		
Reason for Leaving: _____ _____				
May we contact your present employer?: <input type="radio"/> Yes <input type="radio"/> No				
Previous Employer:		Address:		Telephone #:
From:	To:	Starting Position:	Ending Position:	Ending Salary:
Name and Title of Supervisor:		_____ _____		
Reason for Leaving: _____ _____				
Previous Employer:		Address:		Telephone #:
From:	To:	Starting Position:	Ending Position:	Ending Salary:
Name and Title of Supervisor:		_____ _____		
Reason for Leaving: _____ _____				
Previous Employer:		Address:		Telephone #:
From:	To:	Starting Position:	Ending Position:	Ending Salary:
Name and Title of Supervisor:		_____ _____		
Reason for Leaving: _____ _____				

Employment History

List current and past employers. Account for any time period that you were unemployed by stating the nature of your activities. You may submit a resume to supplement the information you provide below. However, you must fill out this section completely. WRITING "SEE RESUME" IS NOT ACCEPTABLE.

Previous Employer:		Address:		Telephone #:
From:	To:	Starting Position:	Ending Position:	Ending Salary:
Name and Title of Supervisor:		Description of Duties:		
Reason for Leaving:				
]				
Previous Employer:		Address:		Telephone #:
From:	To:	Starting Position:	Ending Position:	Ending Salary:
Name and Title of Supervisor:		Description of Duties:		
Reason for Leaving:				
Previous Employer:		Address:		Telephone #:
From:	To:	Starting Position:	Ending Position:	Ending Salary:
Name and Title of Supervisor:		Description of Duties:		
Reason for Leaving:				
Previous Employer:		Address:		Telephone #:
From:	To:	Starting Position:	Ending Position:	Ending Salary:
Name and Title of Supervisor:		Description of Duties:		
Reason for Leaving:				

References

List name and telephone numbers of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name:	Organization:	Address:
Title:	Phone Number:	City, State, Zip:

Name:	Organization:	Address:
Title:	Phone Number:	City, State, Zip:

Name:	Organization:	Address:
Title:	Phone Number:	City, State, Zip:

Statement of Understanding

Completing this application does not constitute an offer of employment and my application may be rejected for any reason.

Giving false or misleading information on this form or in an interview is grounds for denial or immediate termination of employment.

I may be required to complete a medical history form and may be required to be examined by a medical professional designated by the City at the post-offer stage.

The use of illegal drugs is prohibited during employment and I may be required to undergo and successfully pass a screening for alcohol and/or drugs that are included in a post offer pre-employment physical examination. I also understand that, if extended an offer of employment, I may be required to submit to an alcohol or drug screening according to state law.

If I sustain any injury or illness while in the employment of this organization, I agree this organization shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and hospitals to give this organization full and complete reports and records covering such examinations, condition, care, and treatment related to or resulting from the alleged illness or injury.

This application will be considered only for the position I am applying for; if I wish to be considered for other positions, I must submit a new application for each position.

This employment application and any other employee-related documents are not contracts of employment; and this organization follows an "employment at will" policy. An individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time and for any reason, except as may be required by law.

Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I agree to be responsible for public property and equipment issued to me by the City until returned by me. I agree to pay for property and equipment not returned and authorize the City to withhold an amount equal to value of property not returned by me from my final pay.

Applicant Signature: _____ Date: _____ / _____ / _____

Authorization to Release Information

I authorize the City of Mason City to make a complete investigation of me, including but not limited to, my past employment history, medical history, scholastic record, criminal activity, motor vehicle driving records, workers' compensation history, and to receive the results of any physical examination, including the results of alcohol or drug screening I may be required to undergo, and to rely on such information sources. I understand that this organization may request an investigative consumer report from a consumer-reporting agency that includes information as to my character, general reputation, and personal characteristics. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to this organization, within a reasonable time, for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for this information. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original.

Applicant Name: _____
(Please Print or Type)

Applicant Signature: _____ Date: _____ / _____ / _____

**CITY OF MASON CITY
VOLUNTARY**

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION DATA

The City of Mason City is an EEO/AA Employer. We will consider all applicants for positions without regard to race, creed, religion, color, gender, age, national origin, disability or sexual orientation. We comply with all applicable laws governing employment practices and do not discriminate based on any unlawful criteria.

In an effort to comply with requirements regarding government reporting and to monitor our Affirmative Action Program, we request that you complete this form. Your cooperation in providing the data is appreciated.

THE APPLICANT ON A VOLUNTARY BASIS MAY COMPLETE THIS FORM. THE INFORMATION PROVIDED WILL NOT BE USED FOR MAKING ANY EMPLOYMENT DECISION AND IT WILL BE FILED SEPARATELY FROM YOUR EMPLOYMENT APPLICATION AND KEPT CONFIDENTIAL IN ACCORDANCE WITH APPLICABLE LAWS AND REGULATIONS.

Position you are applying for: _____

Name: _____ **Telephone #:** _____

Address: _____

Sex: Male Female

Please select one of the following Equal Employment Opportunity Identification Groups:

- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Hispanic or Latino
- Asian (not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- American Indian or Alaska Native (not Hispanic or Latino)

Referral Source:

- Employee
- Iowa Workforce Development
- School: _____
- Newspaper Advertisement – name of newspaper: _____
- Internet Advertisement – name of web site: _____
- Other – please specify: _____