



11 South Main Street  
 PO Box 28  
 Fayette, Iowa 52142  
[www.fayetteiowa.com](http://www.fayetteiowa.com)  
 563-425-4316

## APPLICATION FOR EMPLOYMENT

### AN EQUAL OPPORTUNITY EMPLOYER

**Qualified applicants are eligible to compete for all positions without regard to race, national origin, sex, creed, religion, age or marital status. Minority and female employees are encouraged to apply.**

Application must be typed out or clearly printed in ink. All questions must be answered and accompanying documents received **PRIOR** to processing. If not applicable, indicate NA (not applicable). If space provided is not sufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

**CHECK POSITION(S) APPLIED FOR. YOU MAY APPLY FOR MORE THAN ONE POSITION.  
 PLEASE INDICATE YOUR PREFERENCE BY MARKING FIRST CHOICE, SECOND CHOICE, THIRD CHOICE, ETC.**

- City Administrator/Clerk
- Deputy Clerk
- Public Works Director

- Assistant Public Works/City Maintenance
- Police Chief
- Police Officer/Reserve Officer

### PERSONAL HISTORY

a. Name in full (last, first, middle)		b. Social Security Number - -	
c. List all other names you have used. Include nicknames, maiden name, and previous married surname(s).		d. Have you previously applied with the City of Fayette? If yes, specify dates.	e. E-Mail address @
f. Birth date (month, day, year) / /	g. Place of birth (City, State or Country) ,		h. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
i. Drivers license number		j. Current drivers license state of issue	
k. List <u>all</u> states in which you have had a drivers license issued to you:		l. [For Police Positions Only] Are you currently certified by the Iowa Law Enforcement Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Certified: / / MO/DAY/YR	

### CONTACT INFORMATION

a. Current mailing address		To schedule appointments we will need the following telephone numbers:  Residence/Cell:  ( ) -
Street address/P.O. Box	Apt. no.	
City	State	Zip code
b. Permanent address if different from above		Office or alternate #:  ( ) -
Street address/P.O. Box	Apt. no.	
City	State	Zip code

**EDUCATION RECORD**

Submit both High School and College transcripts with this application. Applications will not be processed without transcripts. If more room is needed, please attach it on the back of this application or electronically submit it with this application.

**High School:** Check highest grade completed: -8, -9, -10, -11, -12 High school diploma or equivalent (GED)? -Yes -No

Name	Address	Dates Attended		Date Graduated
		From	To	
		/	/	
		/	/	
		/	/	

**College/University:** Check No. of years completed: -1, -2, -3, -4, -5, -6 or more

Name of School and Location	Dates Attended		Credit Received		Field of Study or Area of Concentration		Type of Degree Obtained
	mo / yr	mo / yr	Semester hours	Quarter hours	Major	Minor	
	/	/					
/	/						
/	/						
/	/						
/	/						

- a. If you are working toward a degree, please give the anticipated completion date. \_\_\_\_\_ / \_\_\_\_\_
- b. Has any disciplinary action, including scholastic probation and dismissal, ever been taken against you during your academic career?  
-Yes -No If yes, complete the following: \_\_\_\_\_ / / \_\_\_\_\_  
 School Date  
 Type of action taken: \_\_\_\_\_
- c. List awards, honors, citations, athletic endeavors, and any other special recognition you received.  
 \_\_\_\_\_  
 \_\_\_\_\_
- d. List any special abilities, (computer skills, etc.) special interests or hobbies: \_\_\_\_\_  
 \_\_\_\_\_
- e. List languages, including American Sign Language (ASL), in addition to English that you speak, read and write fluently:  
 \_\_\_\_\_
- f. If you are licensed or certified to practice a trade or profession, complete the following:  
 Specialty: \_\_\_\_\_ License issued by: \_\_\_\_\_

**INTERNSHIPS**

Name of Business: _____	From: (mo/yr) ____ / ____	To: (mo/yr) ____ / ____
Address: _____	City: _____	State: _____
Work supervisor: _____	Example of duties performed: _____	
Name of Business: _____	From: (mo/yr) ____ / ____	To: (mo/yr) ____ / ____
Address: _____	City: _____	State: _____
Work supervisor: _____	Example of duties performed: _____	

**RESIDENCE HISTORY**

List chronologically ALL of your residences in the past 10 years (include addresses while attending school if away from home, and all military addresses including any off military base). If additional space is needed, please attach a separate sheet.

Dates		Apt. No.	Street Address	City	County	State
From	To					
/	/					
/	/					
/	/					
/	/					
/	/					
/	/					

**FINANCIAL RECORD**

a. What is the total amount of your monthly financial obligations? \$ \_\_\_\_\_

b. Are monthly financial obligations kept current ? -Yes - No  
If no, explain: \_\_\_\_\_

c. Do you have any sources of income other than your salary? -Yes - No  
If yes, explain: \_\_\_\_\_

**COURT RECORD**

a. Have you ever been arrested or charged with any violation including traffic citations, but not parking tickets? -Yes -No  
(List all such matters even if not formally charged, or no court appearance, or found not guilty, or matter settled by payment of fine or forfeiture of collateral. If additional space is needed, please attach a separate sheet.)

Date	Place	Charge	Final Disposition	Details
/				
/				
/				
/				
/				

b. Has any member of your immediate family, i.e. spouse, parents, brother, or sister ever been arrested for any violation other than traffic? -Yes -No If yes, list below:


c. Have you ever been a plaintiff or defendant in any court action (including divorce)? -Yes -No  
If yes, give date, place, court names of parties involved, nature of action, and final disposition.


**SELECTIVE SERVICE / MILITARY RECORD**

a. Have you ever (**check all that apply**):

Registered with the Selective Service, if applicable? -Yes -No

Applied for a position with any branch of the Armed Forces of the United States? -Yes -No

Been rejected by any branch of the Armed Forces for any reason? -Yes -No If yes, state reason(s):  
\_\_\_\_\_

Been inducted into any branch of the Armed Forces? -Yes -No  
**If yes, complete sections b-h**

Served on active duty in any branch of the Armed Forces? -Yes -No  
**If yes, complete sections b-h**

b. Dates of active duty (month, day and year) From / / To / /	c. Branch of military service	d. Highest rank attained	e. Serial Number
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f. Type of discharge  Date DD-214 Form recorded: <input type="checkbox"/> -Yes <input type="checkbox"/> -No County State  <b>Provide a copy of your DD-214 with application.</b>	g. Member of Reserve/National Guard? <input type="checkbox"/> -Yes <input type="checkbox"/> -No  Service Branch Location
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h. Was any type of disciplinary action taken against you in the service? -Yes -No  
Nature of disciplinary action?

**ORGANIZATION MEMBERSHIP (Optional)**

a. Are you now, or have you ever been a member of any club, society or organization? -Yes -No If yes, list below.

Organization	City and State	Dates	List position(s) held and extent of activity
		/ - /	
		/ - /	
		/ - /	
		/ - /	
		/ - /	

**VOLUNTEER ACTIVITIES/EMPLOYMENT**

**Volunteer Activities (including volunteer fire fighting, police or sheriff reserve and civic activities)**

Sponsoring Organization	City and State	Dates	List position(s) held and extent of activity
		/ - /	
		/ - /	
		/ - /	
		/ - /	
		/ - /	
		/ - /	

**EMPLOYMENT**

List your work experience, starting with the most recent. Include summer and part-time employment in addition to jobs held as a teenager. **Account for all time.** If unemployed for a period of time, indicate and set forth dates of unemployment. If you do not recall the name of a supervisor, work address, etc., indicate such on the application. If additional space is needed, please attach a separate sheet.

a. Name of employer	Dates of employment / to /	Salary \$ per
Address	Position and kind of work	
City & state ,	Name of supervisor	
Telephone ( ) -	Reason for leaving	
b. Name of employer	Dates of employment / to /	Salary \$ per
Address	Position and kind of work	
City & state ,	Name of supervisor	
Telephone ( ) -	Reason for leaving	
c. Name of employer	Dates of employment / to /	Salary \$ per
Address	Position and kind of work	
City & state ,	Name of supervisor	
Telephone ( ) -	Reason for leaving	
d. Name of employer	Dates of employment / to /	Salary \$ per
Address	Position and kind of work	
City & state ,	Name of supervisor	
Telephone ( ) -	Reason for leaving	
e. Name of employer	Dates of employment / to /	Salary \$ per
Address	Position and kind of work	
City & state ,	Name of supervisor	
Telephone ( ) -	Reason for leaving	
f. Name of employer	Dates of employment / to /	Salary \$ per
Address	Position and kind of work	
City & state ,	Name of supervisor	
Telephone ( ) -	Reason for leaving	
g. Name of employer	Dates of employment / to /	Salary \$ per
Address	Position and kind of work	
City & state ,	Name of supervisor	
Telephone ( ) -	Reason for leaving	
h. Name of employer	Dates of employment / to /	Salary \$ per
Address	Position and kind of work	
City & state ,	Name of supervisor	
Telephone ( ) -	Reason for leaving	

**RELATIVES**

Provide complete name(s), including middle name (*no initials*), complete addresses, and birth dates.

<b>a. Father</b>			Employer	Telephone # ( ) -
Street Address			Street Address	
City	State	Zip code	City	State Zip code
Birth date / /	Telephone ( ) -		Occupation	
<b>b. Mother</b>			Employer	Telephone # ( ) -
Street Address			Street Address	
City	State	Zip code	City	State Zip code
Birth date / /	Telephone ( ) -		Occupation	
<b>c. Spouse (If wife, include maiden name)</b>			Employer	Telephone # ( ) -
Street Address			Street Address	
City	State	Zip code	City	State Zip code
Birth date / /	Telephone ( ) -		Occupation	

**d. Children**

<b>Child's Name</b>			<b>Child's Name</b>		
Street Address			Street Address		
City	State	Zip code	City	State	Zip code
Birth date / /	Telephone # ( ) -		Birth date / /	Telephone # ( ) -	
<b>Child's Name</b>			<b>Child's Name</b>		
Street Address			Street Address		
City	State	City	State	City	State
Birth date / /	Telephone # ( ) -		Birth date / /	Telephone # ( ) -	

**e. Other relatives (brothers, sisters, step parents, step brothers, step sisters)**

<b>Name and Relationship</b>			Employer	Telephone # ( ) -
Street Address			Street Address	
City	State	Zip code	City	State Zip code
Birth date / /	Telephone ( ) -		Occupation	
<b>Name and Relationship</b>			Employer	Telephone # ( ) -
Street Address			Street Address	
City	State	Zip code	City	State Zip code
Birth date / /	Telephone ( ) -		Occupation	
<b>Name and Relationship</b>			Employer	Telephone # ( ) -
Street Address			Street Address	
City	State	Zip code	City	State Zip code
Birth date / /	Telephone ( ) -		Occupation	

**RELATIVES (Continued)**

Provide complete name, including middle name (*no initials*) and complete address.

<b>Name and Relationship</b>	Employer	Telephone # ( ) -
Street Address	Street Address	
City State Zip code	City	State Zip code
Birth date / /	Telephone ( ) -	Occupation
<b>Name and Relationship</b>	Employer	Telephone # ( ) -
Street Address	Street Address	
City State Zip code	City	State Zip code
Birth date / /	Telephone ( ) -	Occupation
Do you have any relatives/friends currently employed with the City of Fayette? <input type="checkbox"/> -Yes <input type="checkbox"/> -No		
Name: _____	Relationship: _____	Division: _____
Name: _____	Relationship: _____	Division: _____
Name: _____	Relationship: _____	Division: _____

**REFERENCES**

Give three references (*not* relatives, present employers, or school teachers) who are responsible adults of reputable standing in their communities, preferably those who have known you well during the past five years. If retired, give former occupation.

<b>a. Complete name</b>	Occupation	No. yrs. acquainted.
Home address	Home phone ( ) -	
Business name and address	Bus. phone ( ) -	
<b>b. Complete name</b>	Occupation	No. yrs. acquainted.
Home address	Home phone ( ) -	
Business name and address	Bus. phone ( ) -	
<b>c. Complete name</b>	Occupation	No. yrs. acquainted.
Home address	Home phone ( ) -	
Business name and address	Bus. phone ( ) -	

Give three social acquaintances

<b>a. Complete name</b>	Occupation	No. yrs. acquainted.
Home address	Home phone ( ) -	
Business name and address	Bus. phone ( ) -	
<b>b. Complete name</b>	Occupation	No. yrs. acquainted.
Home address	Home phone ( ) -	
Business name and address	Bus. phone ( ) -	
<b>c. Complete name</b>	Occupation	No. yrs. acquainted.
Home address	Home phone ( ) -	
Business name and address	Bus. phone ( ) -	



## UNDERSTANDING OF APPLICATION PROCEDURE

I, \_\_\_\_\_, understand that my application will **NOT** be processed for a position with the City of Fayette unless **ALL** required materials have been completed and included with the application. I understand that I must submit the following materials in order for my application to be processed:

- Application form (Pages 1 – 9)
- High school grade transcripts or copy of G.E.D.
- College transcripts if applicable
- Certified copy** of birth certificate (Xerox copies or notary signed birth certificates are **not** acceptable. The *certified* birth certificate will have an embossed seal.) [Only required if applying for Police Officer/Chief position]
- Copy of DD214 (military discharge document) if applicable.
- Copy of I.L.E.A. certification if applicable. [Only required if applying for Police Officer/Chief position]

*Applicants born in the state of Iowa are able to obtain a certified copy of their birth certificate by contacting or stopping by the Iowa Department of Public Health, Vital Records Bureau in the Lucas State Office Building located in Des Moines. A nominal fee will be required for the record search and includes one certified copy. The phone number for the Department of Public Health is: (515) 281-4944. The web address is: [http://www.idph.state.ia.us/eh/health\\_statistics.asp](http://www.idph.state.ia.us/eh/health_statistics.asp). It is also possible for applicants to obtain a certified birth certificate from their county courthouse of birth.*

I understand that I must meet and maintain all minimum qualification standards, including physical requirements and personal conduct from the time my application is submitted through the end of the selection process. **I understand that providing false, misleading and/or incomplete information is grounds for exclusion from the selection process or discharge if discovered subsequent to employment.**

I understand that all submitted materials become the property of the City of Fayette and will **NOT** be returned to me. (It is suggested that applicants make copies of their application materials for their personal file.)

A photocopy and/or fax of this release form will be valid as an original thereof, even though the said photocopy/fax does not contain an original writing of my signature.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)





**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent or representative of the City of Fayette, whether the said records are of a public, private or confidential nature, including criminal histories.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Fayette. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the City of Fayette from any and all liability which may be incurred as a result of collecting such information.

**I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL AND PHYSICAL EVALUATION) ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.**

A photocopy and/or fax of this release form will be valid as an original thereof, even though the said photocopy/fax does not contain an original writing of my signature.

*I have read and fully understand the contents of the "Authorization for Release of Personal Information".*

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
/ /  
(Date)

**The City of Fayette is an equal opportunity employer.**