

CITY of MUSCATINE  
EMPLOYMENT APPLICATION

HUMAN RESOURCES DEPARTMENT, CITY HALL

215 SYCAMORE STREET  
MUSCATINE, IOWA 52761-3899  
(563) 264-1550



It is the policy of the City of Muscatine not to discriminate against any employee or applicant for employment because of age, race, creed, color, sexual orientation, gender identity, national origin, ancestry, religion, or disability. The City is an EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER, and recognizes the requirements of THE AMERICANS WITH DISABILITIES ACT. The City of Muscatine has also made a strong commitment to employees and the public to provide a safe and drug-free work environment through the implementation of a DRUG AND ALCOHOL TESTING PROGRAM.

The City of Muscatine requires a **separate** application for each available position. **Applications are only accepted for posted vacancies.**

Today's Date:

Position you are applying for:

\_\_\_\_\_

**All questions must be answered in full. Resumes will not be accepted in place of completing this form but may be attached, if desired. False statements or misrepresentation on this application shall be considered grounds for disqualification, discipline, or termination.**

Name (Last, First, Middle)

Social Security Number

\_\_\_\_\_

Number and Street, R.F.D., or P.O. Box Number

\_\_\_\_\_

City, State and Zip Code

\_\_\_\_\_

Contact information:

Home phone:

Cell phone:

Email Address:

Date Available for employment \_\_\_\_\_

Are you 18 years or older?  Yes  No

Check the type of work you would be seeking:

Full-Time Regular  Full-Time Temporary  Part-Time Regular

If you have relatives presently employed with the City of Muscatine:

List Name: \_\_\_\_\_ Dept.: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Are you a veteran of the United States Military Service?  Yes  No

Are you claiming Veteran's Preference in employment?  Yes  No

(If yes, copy of military form DD-214 must be included with application)

Date of duty: From \_\_\_\_\_ To \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
Mo. Day Yr. Mo. Day Yr.

Have you ever been convicted for an offense other than a traffic violation?  Yes  No  
If yes, please explain \_\_\_\_\_

Are you fluent in any language other than English?  Yes  No  
If yes, which language(s) \_\_\_\_\_

(Date of Application)

(Idle)

(First)

(Last)

Applicant's Name

To properly evaluate your application, we need information concerning your education, skills and trades you have acquired in addition to your work record. Please answer all questions as completely as possible.

### EDUCATION

Are you a high school graduate or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, last grade completed:		
Names of educational institutions attended	Location	Degree/Major

### TRAINING and SPECIAL SKILLS

List any special training that you have completed and show dates of each. (vocational school, short courses, special seminars, business schools, workshops, etc.)

List any special skills you may have in the operation of machinery, equipment, office machines, etc., which you are able to operate in a competent manner.

If job description requires a Chauffeur's Permit or Commercial Driver's License, do you have or would you be able to obtain such a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
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### REFERENCES

List three (3) individuals who know you well enough to give information about your work experience, training, or special skills/abilities for the job you are applying for. <b>Do not include relatives or former supervisors.</b>	
Name	How Acquainted
Address	
	Length of Acquaintance
	Tel. Contact No.
Name	How Acquainted
Address	
	Length of Acquaintance
	Tel. Contact No.
Name	How Acquainted
Address	
	Length of Acquaintance
	Tel. Contact No.

**EMPLOYMENT HISTORY**

Start with your present or last position and list all previous employment including paid, unpaid and periods of unemployment.

**All information must be included in order for your application to be given full consideration. Resumes may substitute for the description of duties and responsibilities.**

If you are currently employed, may we check with your present supervisor?  Yes  No

Name of last employer		Supervisor's name, title, phone number	
Address	Type of Business	Starting date	Ending date
Your Job Title	Reason for leaving	Starting salary	Ending salary
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Hours per week		
Duties and responsibilities:			

Name of last employer		Supervisor's name, title, phone number	
Address	Type of Business	Starting date	Ending date
Your Job Title	Reason for leaving	Starting salary	Ending salary
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Hours per week		
Duties and responsibilities:			

**PLEASE READ BEFORE SIGNING**

I hereby certify that the answers given by me to the questions on this application and statements made are true and correct without omissions of any kind. I understand that employment with the City is contingent upon the results of a physical examination which will be given after a job offer is made, and that a drug screen is required. I also authorize the officials of any educational institution, company, agency, or firm to release any and all information allowed by law and which concerns me relating to my person or work history to the City of Muscatine, Iowa for the purpose of reference and/or background investigation. I am actively seeking employment and am signing this voluntarily and release any individual, partnership, corporation, or agency, their officers, agents, and employees from any liability for issuing such information. A Photostatic copy of this authorization is considered valid for the purposes named above.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name of last employer		Supervisor's name, title, phone number	
Address	Type of Business	Starting date	Ending date
Your Job Title	Reason for leaving	Starting salary	Ending salary
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Hours per week		
Duties and responsibilities:			

Name of last employer		Supervisor's name, title, phone number	
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Duties and responsibilities:			

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To help us comply with governmental record keeping, we are asking you to complete this Applicant Data Record. This form is retained in the Human Resources Department and is not reviewed with the application by the hiring department. It is retained in a confidential file while your employment is under consideration.

The CITY OF MUSCATINE has, and will continue to make, a reasonable commitment toward achieving the spirit and intent of Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, which prohibit discrimination against the handicapped/disabled.

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

A. Sex  MALE  FEMALE

B. What is your age? \_\_\_\_\_

C. Of which ethnic/racial group do you consider yourself a member?  
 White  African-American  Asian/Pacific Islander  
 Hispanic  Native American  Other

D. Are you a disabled applicant?  Yes  No

E. The City of Muscatine encourages applications from qualified disabled persons and requests applicant submission of any information necessary in order to accommodate such applicant in any testing, interview or employment procedure. Please note your request here:

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F. How did you learn about the job for which you are applying?

- City of Muscatine Job Posting Board
- Job Service of Iowa
- City of Muscatine Website [www.muscatineiowa.gov](http://www.muscatineiowa.gov)
- City employee
- Newspaper [Name] \_\_\_\_\_
- Other Source [Name] \_\_\_\_\_

NAME: \_\_\_\_\_

(Please print name here)