Filing Information	
(For office use only)	



CITY HALL • 50 WEST  $13^{\text{TH}}$  STREET • DUBUQUE, IOWA 52001-4864

TELEPHONE: 563-589-4125 ● FAX: 563-690-6025 E-MAIL: citypers@cityofdubuque.org

# **APPLICATION FOR EMPLOYMENT**

NAME			
	(Last)	(First)	(MI)

AN EQUAL OPPORTUNITY EMPLOYER

### **APPLICATION FOR EMPLOYMENT**

	Full-Time	·	Position(s) a	pplied for	
	Interested In: Part-Time	·			
	Summer	·			
0-1		10/l			
Salary Expectations When would you be availa			i would you be available it	or work?	
		INSTRUCTIONS: Please pr	int in ink or type all ans	wers.	
		PERSOI	NAL DATA		
1.	Name				
	(Last)	(First)		(Middle)	
2.	Current Address				
		Street and Number, or RFD	City	State	Zip
3.	Permanent Address				
		Street and Number, or RFD	City	State	Zip
	T				
4.	Telephone No. (	)			
	Area Co	de			
5.	E-mail Address:				
6	Have you ever been e	anyisted of a follow? Yes 🗆 No 🗸	¬		
6.	nave you ever been co	onvicted of a felony? Yes \( \square\) No [			
7.	Have you ever been co	onvicted of a serious or aggravated mis	sdemeanor? Yes	No 🗌	
		viction will not necessarily disqualify yo		employment.	
8.	Are you a current City	Employee? Yes ☐ No ☐ City	Department in which you	are currently employed:_	
Ο.	, , ca a ca c c	Employee: res   rec   only	Department in which you	are currently employed	
0.	, no you a canon ony			are duriently employed	
0.			AND TRAINING	are currently employed	
		EDUCATION	AND TRAINING		
9.		EDUCATION		Did You Grad	
	Elementary	EDUCATION  No. Ye	AND TRAINING		
	Elementary High School	EDUCATION  No. Ye	AND TRAINING ars Completed		
	Elementary High School College	EDUCATION  No. Ye	AND TRAINING ars Completed		
	Elementary High School	EDUCATION  No. Ye	AND TRAINING ars Completed		
9.	Elementary High School College Post Graduate	EDUCATION  No. Ye	AND TRAINING  ars Completed		
9.	Elementary High School College Post Graduate	EDUCATION  No. Ye	AND TRAINING  ars Completed		
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9.	Elementary High School College Post Graduate	EDUCATION  No. Ye	AND TRAINING  ars Completed		
9.	Elementary High School College Post Graduate List any special trainin	BDUCATION  No. Yea	ars Completed  vorkshops, etc.)	Did You Grad	duate?
9.	Elementary High School College Post Graduate List any special trainin	EDUCATION  No. Ye	ars Completed  vorkshops, etc.)	Did You Grad	duate?
9.	Elementary High School College Post Graduate List any special trainin	BDUCATION  No. Yea	ars Completed  vorkshops, etc.)	Did You Grad	duate?
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9.	Elementary High School College Post Graduate List any special trainin	g (vocational schools, short courses, went requires completion of specific cour	ars Completed  vorkshops, etc.)  ses or training, indicate th	Did You Grad	duate?
9.	Elementary High School College Post Graduate List any special trainin	BDUCATION  No. Yea	ars Completed  vorkshops, etc.)  ses or training, indicate th	Did You Grad	duate?
9.	Elementary High School College Post Graduate List any special trainin	g (vocational schools, short courses, went requires completion of specific cour	ars Completed  vorkshops, etc.)  ses or training, indicate th	Did You Grad	duate?
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9.	Elementary High School College Post Graduate List any special trainin	g (vocational schools, short courses, went requires completion of specific cour	ars Completed  vorkshops, etc.)  ses or training, indicate th	Did You Grad	duate?

# **EMPLOYMENT RECORD**

Please begin with your present or most recent employer and continue for the past fifteen years.

You may attach additional sheets if necessary.

13.	Dates employed	15.	Dates employed
	Position held		Position held
	Starting salary Final salary (monthly) (monthly)		Starting salary Final salary (monthly) (monthly)
	(monthly) (monthly)		(monthly) (monthly)
	Name and address of employer		Name and address of employer
	Immediate supervisor		Immediate supervisor
	Title		Title
	Telephone number		Telephone number
	Description of duties		Description of duties
4.4	Reason for leaving		Reason for leaving
14.	Dates employed	16.	Dates employed
	Position held		Position held
	Starting salary Final salary (monthly) (monthly)		Starting salary Final salary (monthly) (monthly)
	Name and address of employer		Name and address of employer
	Immediate supervisor		Immediate supervisor
	Title		Title
	Telephone number		Telephone number
	Description of duties		Description of duties
	Reason for leaving		Reason for leaving
17.	May inquiry be made of your present employer regarding your Yes ☐ No ☐	our charac	cter, qualifications and record of employment?
18.	May inquiry be made of your past employer(s) regarding you	ur charac	ter, qualifications and record of employment?
	Yes No No		
19.	REFERENCES.		
	Name Address		Telephone Number

# CERTIFICATION OF APPLICANT Read carefully.

I HEREBY CERTIFY that this application contains no misrepresentations or falsifications and that th
information given by me is true and complete to the best of my knowledge and belief. I am aware that should
an investigation at any time disclose any such misrepresentation or falsification, my application will be rejected
and I will be dismissed from my employment with the City of Dubuque. I further authorize the City of Dubuqu
to make all necessary and appropriate investigations to verify the information contained herein.

an investigation at any time disclose any such misrepresentation or falsification, my application will be rejected and I will be dismissed from my employment with the City of Dubuque. I further authorize the City of Dubuque to make all necessary and appropriate investigations to verify the information contained herein.			
	Sig	nature	
		(Date)	
		AUTHORIZATION AND RELEASE	
hereby au company do hereby damage o	thorize the City of Dubu or institution to furnish release the addresse on account of furnishing		
in the Pe	rsonnel Office located	ost Offer of Employment policy is available online at <a href="www.cityofdubuque.org">www.cityofdubuque.org</a> or at City Hall, 50 West 13 <sup>th</sup> Street, Dubuque, Iowa 52001. For additional onnel Office at 563-589-4125.	
	Sig	nature (Date)	
Witness			
		Please do not write below this line.	
Data	Interviewed by		
Date	Interviewed by	Comments	

-4-10/12

# **Military Service**

	you served and been honorably discharged from ng periods?	the Armed forces of the United States during any of the
•	1917 through 1939	
•	World War II from December 7, 1941, through	December 31, 1946.
•	Korean conflict from June 25, 1950, through Ja	anuary 31, 1955.
•	Vietnam conflict from February 28, 1961, throu	ıgh May 7, 1975.
•	Lebanon or Grenada service from August 24,	1982, through July 31, 1984.
•	Panama service from December 20, 1989, thro	ough January 31, 1990.
•	Persian Gulf conflict from August 2, 1990 to pr	esent.
•	reserve forces after January 28, 1973. (A mer completed a minimum aggregate of ninety day	nited States who served at least twenty years in the mber of the reserve forces of the United States who is of active federal service, other than training, and was serviced under Title X of the United States Code shall be
•	after January 28, 1973. (A member of the low	o served at least twenty years in the lowa national guard a national guard who was activated for federal duty, other ty days, and was discharged under honorable conditions as Code shall be included as a veteran).
•	Former member of the active, oceangoing mer time between December 7, 1941, and December 1, 1941, and December	chant marines who served during World War II at any per 31, 1946, both dates inclusive.
•		ce pilots and other persons who have been conferred during World War II in accordance with federal Pub. L. No ide.)
If you a	answered yes to this question, do any of the follo	owing apply:
•	do you have a service connected disability?	
	☐ Yes ☐ No	
•	are you receiving compensation, disability ben	efits or pensions from the Veterans' Administration?
	☐ Yes ☐ No	
•	have you been awarded the Purple Heart for d	isabilities incurred in action?
	yes □ No	
	served and have been honorably discharged from time periods, please attach a copy of your Milita	m the armed forces of the United States during one of the ry Discharge Form DD-214.
		Name
		Address
		City, State, Zip Code
		Telephone Number

#### **TITLE 38--VETERANS' BENEFITS**

#### PART I--GENERAL PROVISIONS

#### **CHAPTER 1--GENERAL**

Sec. 106. Certain service deemed to be active service

- (a)(1) Service as a member of the Women's Army Auxiliary Corps for ninety days or more by any woman who before October 1, 1943, was honorably discharged for disability incurred or aggravated in line of duty which rendered her physically unfit to perform further service in the Women's Army Auxiliary Corps or the Women's Army Corps shall be considered active duty for the purposes of all laws administered by the Secretary.
- (2) Any person entitled to compensation or pension by reason of this subsection and to employees' compensation based upon the same service under subchapter I of chapter 81 of title 5 must elect which benefit she will receive.
  - (b) Any person--
  - (1) who has applied for enlistment or enrollment in the active military, naval, or air service and has been provisionally accepted and directed or ordered to report to a place for final acceptance into such service; or
  - (2) who has been selected or drafted for service in the Armed Forces and has reported pursuant to the call of the person's local draft board and before rejection; or
  - (3) who has been called into the Federal service as a member of the National Guard, but has not been enrolled for the Federal service; and

who has suffered an injury or contracted a disease in line of duty while en route to or from, or at, a place for final acceptance or entry upon active duty, will, for the purposes of chapters 11, 13, 19, 21, 31, and 39 of this title, and for purposes of determining service-connection of a disability under chapter 17 of this title, be considered to have been on active duty and to have incurred such disability in the active military, naval, or air service.

- **(c)** For the purposes of this title, an individual discharged or released from a period of active duty shall be deemed to have continued on active duty during the period of time immediately following the date of such discharge or release from such duty determined by the Secretary concerned to have been required for that individual to proceed to that individual's home by the most direct route, and in any event that individual shall be deemed to have continued on active duty until midnight of the date of such discharge or release.
  - (d) For the purposes of this title, any individual--
  - (1) who, when authorized or required by competent authority, assumes an obligation to perform active duty for training or inactive duty training; and
  - (2) who is disabled or dies from an injury incurred while proceeding directly to or returning directly from such active duty for training or inactive duty training, as the case may be;

shall be deemed to have been on active duty for training or inactive duty training, as the case may be, at the time such injury was incurred. In determining whether or not such individual was so authorized or required to perform such duty, and whether or not such individual was disabled or died from injury so incurred, the Secretary shall take into account the hour on which such individual began so to proceed or to return; the hour on which such individual was scheduled to arrive for, or on which such individual ceased to perform, such duty; the method of travel employed; the itinerary; the manner in which the travel was performed; and the immediate cause of disability or death. Whenever any claim is filed alleging that the claimant is entitled to benefits by reason of this subsection, the burden of proof shall be on the claimant.

**(e)** Each person who has incurred a disability as a result of an injury or disease described in subsection (b) shall be entitled to the same rights, privileges, and benefits under title 5 as a preference eligible described in section 2108(3)(C) of title 5.

#### SUPPLEMENTAL EQUAL EMPLOYMENT FORM

Your response to the following questions is voluntary and will in no way affect your opportunity for employment with the City of Dubuque.

The purpose of these inquiries is to assist us and those agencies involved in enforcing Equal Employment Laws in auditing our practices so that trends can become apparent in who is applying and who is actually hired.

Too	day's Date:		
PLEASE CHECK THE APPROPRIATE BOX			
Age	e:	Highest Level of Education:	
	Under 18	0-8 years	
Ш	18-25	9-11 years	
Ш	26-35	∐ 12 years —	
Ш	36-45	Over 12 years	
	46-55		
	56-65	How Did You Learn About This Job:	
	66-70	now blu Tou Learn About This oob.	
	Over 70	☐ City Website	
		☐ Access Dubuque	
Gor	nder:	☐ Iowa Workforce Development /lowaWORKS	
Gei	idei.	☐ City Job Listing	
	Female	Other City Department	
	Male	☐ City Employee	
		Friend	
Eth	nic Origin:	Newspaper	
_	-	School	
	Black (African, Jamaican, Trinadadian or West Indian descent)	Relative	
	White (Indo-European, including Pakistania or	Other Website	
Ш	East Indian descent)	Other	
	Asian (Japanese, Chinese, Polynesian or Korean descent)		
	Spanish Surname (Mexican, Puerto Rican, Cuban, Latin American or Spanish descent)	☐ Mental Disability	
	American Indian (who identify themselves or are known as such by virtue of tribal association)	☐ Physical Disability  Please describe:	
	Others (includes Aleuts, Eskimos, Malayans, Thais and others not covered by specific		

categories on this form)