



**City of Ely**  
An Equal Opportunity Employer  
Po Box 248  
1570 Rowley Street  
Ely, IA 52227  
Phone/Fax: (319) 848-4103  
Email: cityadmin@elyiowa.com

## EMPLOYMENT APPLICATION

Date: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Note: it is to your advantage to answer all questions on this application (please print neatly or type)

Name: \_\_\_\_\_

Last

First

Middle Initial

Social Security Number: \_\_\_\_\_ Ph Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

To facilitate reference checks, please indicate any other name under which you have been employed:

\_\_\_\_\_

Have you worked for the City of Ely before?	YES	NO
If yes, please complete the following information:	Date: _____	
	From	To
Position(s) held:	Department: _____	
Reason for leaving: _____		
Do you have any relatives who work with the City of Ely?	YES	NO
Name(s) & Relationship: _____		

Have you been given a copy of the job description or had the requirements of the job explained to you? YES NO

Do you understand the requirements of the job? 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? YES NO

Type: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you a United States Military Veteran?	YES	NO	Branch of Service: _____
Dates of Military Service:	_____		
	From	To	
Those wishing to claim Veteran's preference must submit Proof of Service Form DD214 at time of interview.			

## EDUCATION

Circle highest grade completed: 6 7 8 9 10 11 12 GED

College: 1 2 3 4 5 6 7 +

Institution

Course of Study

Degree Attained

High School

Diploma/GED

Location of School

College Attended

Location of School

College Attended

Location of School

List additional training – workshops, volunteer work, etc., you have received that makes you qualified for this position.

Which of the required skills in the job announcement do you possess? \_\_\_\_\_

What equipment can you operate? \_\_\_\_\_

Do you have any other experience or qualifications not already listed that relate to the job applied for?

Have you ever been convicted of a felony? (For the purpose of this question “convicted” includes found guilty, plead guilty, plead no contest or been given a deferred sentence or judgement)      YES      NO

If Yes please explain, please include the facts of your case, the felony you were convicted for and how long ago.

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

## EMPLOYMENT HISTORY

Start with your present or last job and include at least your last five years of work records. Please fill out this section carefully and completely, as you are only given credit for jobs you list and the dates you include. Please attach an additional sheet if you need more space. Include military experience and describe any major duty assignments. Include periods of self-employment. Give details of supervisory positions you may have had.

<b>If you are currently employed, may we contact your present employer?</b>	<b>YES</b>	<b>NO</b>	<b>(circle one)</b>
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Employed By: \_\_\_\_\_ Ph Number: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Employed from: (mo/yr) \_\_\_\_\_ To: (mo/yr) \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employed By: \_\_\_\_\_ Ph Number: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

Employed By: \_\_\_\_\_ Ph Number: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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Employed By: \_\_\_\_\_ Ph Number: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Duties: \_\_\_\_\_

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Starting Salary: \_\_\_\_\_ Final Salary: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

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What date would you be available to begin work? \_\_\_\_\_

**NOTE: All applicants will be required to pass a pre-employment drug and alcohol screen and physical evaluation after being offered a position and beginning as an employee of the City of Ely.**

I attest that all statements on this application are true and correct. I understand that intentionally false statements made on this application will eliminate me from further consideration for employment or will be grounds for dismissal. I authorize the City of Ely and my previous employers (with the exception of \_\_\_\_\_) to conduct or participate in an investigate of my personal background, work history and police record as may be necessary to verify the information provided in my employment application and to determine my fitness to hold the position for which I have applied.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**FOR PERSONNEL DEPARTMENT USE ONLY**

Reviewed by: \_\_\_\_\_

Position considered for / Referral to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_