



## EMPLOYMENT RECORD

Start with your present or last job and work back. Include paid or unpaid, full or part-time, military, summer jobs, periods of unemployment, etc. Include the last 10 years or since you left school if less than 10 years ago. NOTE: We may contact any previous supervisors to verify your descriptions of past duties and dates of employment.

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

<b>A</b>	Name of present/last employer		Supervisor's name, title and phone number		
	Address of present/last employer		Type of Business	Starting Date	Ending Date
	Your job title	Reason for leaving or wanting to leave	Hours per week	Starting Salary	Ending Salary
	Brief description of duties and responsibilities				
<b>B</b>	Name of present/last employer		Supervisor's name, title and phone number		
	Address of present/last employer		Type of Business	Starting Date	Ending Date
	Your job title	Reason for leaving	Hours per week	Starting Salary	Ending Salary
	Brief description of duties and responsibilities				
<b>C</b>	Name of present/last employer		Supervisor's name, title and phone number		
	Address of present/last employer		Type of Business	Starting Date	Ending Date
	Your job title	Reason for leaving	Hours per week	Starting Salary	Ending Salary
	Brief description of duties and responsibilities				
<b>D</b>	Name of present/last employer		Supervisor's name, title and phone number		
	Address of present/last employer		Type of Business	Starting Date	Ending Date
	Your job title	Reason for leaving	Hours per week	Starting Salary	Ending Salary
	Brief description of duties and responsibilities				
<b>E</b>	Name of present/last employer		Supervisor's name, title and phone number		
	Address of present/last employer		Type of Business	Starting Date	Ending Date
	Your job title	Reason for leaving	Hours per week	Starting Salary	Ending Salary
	Brief description of duties and responsibilities				

# EMPLOYMENT RECORD

(Continued)

<b>F</b>	Name of present/last employer		Supervisor's name, title and phone number		
	Address of present/last employer		Type of Business	Starting Date	Ending Date
	Your job title	Reason for leaving	Hours per week	Starting Salary	Ending Salary
	Brief description of duties and responsibilities				
<b>G</b>	Name of present/last employer		Supervisor's name, title and phone number		
	Address of present/last employer		Type of Business	Starting Date	Ending Date
	Your job title	Reason for leaving	Hours per week	Starting Salary	Ending Salary
	Brief description of duties and responsibilities				
<b>H</b>	Name of present/last employer		Supervisor's name, title and phone number		
	Address of present/last employer		Type of Business	Starting Date	Ending Date
	Your job title	Reason for leaving	Hours per week	Starting Salary	Ending Salary
	Brief description of duties and responsibilities				
<b>I</b>	Name of present/last employer		Supervisor's name, title and phone number		
	Address of present/last employer		Type of Business	Starting Date	Ending Date
	Your job title	Reason for leaving	Hours per week	Starting Salary	Ending Salary
	Brief description of duties and responsibilities				
<b>J</b>	Name of present/last employer		Supervisor's name, title and phone number		
	Address of present/last employer		Type of Business	Starting Date	Ending Date
	Your job title	Reason for leaving	Hours per week	Starting Salary	Ending Salary
	Brief description of duties and responsibilities				

# AUTHORIZATION AND RELEASE

I, \_\_\_\_\_, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Pella, and the Pella Civil Service Commission, whether the said records are of a public, private or confidential nature. I hereby release this information as authorized by Chapter 692 of the Iowa Code. It is understood that any information obtained may be used by the City of Pella and the Pella Civil Service Commission in determining any fitness for employment by the City of Pella, Iowa.

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 loan, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements of consultation, including hospital, clinics, private practitioners and the U.S. Veteran's Administration; employment and pre-employment recordings, 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 interest.

I hereby release the City of Pella, the Pella Police Department, the Pella Civil Service Commission, former employers and/or any officials and employees thereof, or any person(s) who may furnish information, from any claims, demands or rights, liability which may be incurred as a result of collecting such information.

I have fully read and understand the Minimum Hiring Standards as required by section 550, Chapter 1, of the Iowa Administrative Code. I understand that I must have uncorrected vision of not less than 20/100 in both eyes, correctable to 20/20, and normal color vision as determined by the American Optical Company pseudo-isochromatic plates test (requires identification of 14 out of 18 plates). I fully understand that I must have normal hearing in each ear. Hearing is considered normal when tested by an audiometer, hearing sensitivity thresholds are within 25 db measured at 1000 Hz and 3000 Hz, averaged together.

I further state that I have read the requirements of the physical fitness tests as required by Iowa Administrative Code, 501.2.1(6) enclosed with this application. I state that I am capable of completing this test and relieve the Pella Civil Service Commission, the City of Pella, its employees and agents of any liability and responsibility while participating in the required pre-employment physical agility tests of: Sit and Reach, 1 Minute Sit-ups, 1 Minute Push-ups, and 1.5 Mile Run.

I further understand that I will be video taped during the oral interview process of the testing procedures and hereby consent to such video taping for the use of the Pella Civil Service Commission and/or the Pella Police Department during their recruitment process.

I understand and consent to fingerprinting and photo ID prior to being placed on the final certified list.

I agree to submit to a post-employment physical examination. I understand that a polygraph test, voice stress analyzer, and/or drug screening test may also be required upon employment.

I understand that any false information I may have given, written or orally, will be sufficient cause for immediate dismissal in the event I am employed by the City of Pella, Iowa. I hereby certify that the answers given by me to foregoing questions on this application and release and authorization are true and correct without consequential omissions of any kind whatsoever. I further understand and certify that a Xerox copy of this statement and my signature is as valid as the original for the purposes named above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_  
ss

\_\_\_\_\_  
Please print or type name in full

COUNTY OF \_\_\_\_\_

On, this \_\_\_\_\_ day of \_\_\_\_\_, before me, the undersigned,  
a Notary Public in and for said State, personally appeared \_\_\_\_\_, and executed  
this Authorization and Release as his/her voluntary act and deed.

SEAL

\_\_\_\_\_  
Notary Public

To properly evaluate your application, we need information concerning your education, skills, and trades you have learned in addition to your work record. Please answer all questions as fully as possible. We may contact schools or institutes you attended to verify the information you provide.

## EDUCATION

Are you a high school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Or equivalent, i.e. GED?		If NO, what was the last grade you attended? If YES, complete the following:	
Name of Last High School Attended	Location City & State	Credits Completed	Diploma or Certificate	Last Year Attended	
Other training/education you received. Please estimate the number of hours of training you received.					
Name of Colleges or Universities	Location City & State	Credits Completed	Certificate or Degree	When Attended	
Additional Technical or Military Training	Location City & State	Credits Completed	Certificate or Degree	When Attended	

## BACKGROUND CHECK

To assist in the collection of background information necessary for the selection process please complete the following:

1. Give your full legal name (first, middle, last).
2. Are there any other names you are known as (please include maiden name, previous married names, or names prior to a legal name change. Please state when and under what circumstances.)
3. The position for which you have applied requires physical fitness, stamina, agility and general good health. Can you do the essential functions of the job with or without reasonable accommodation? (See attached job description) <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Candidates must meet all the minimum standards for Iowa law enforcement officers set by the Iowa Law Enforcement Academy (see attached standards list). Do you anticipate that you may have difficulty satisfying any of the minimum standards? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:

<p>4. Are you a veteran of the United States Military Service?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>If so, what branch of Service?</p>
<p>Date of Enlistment:</p>	<p>Date of Discharge:</p>
<p>Type of discharge:</p>	<p>If less than honorable, please explain:</p>

Iowa Code Section 400.10 allows an additional 5 points be added to an applicant's score if they were engaged in any one of the following conflicts during the following time frames:

\_\_\_\_\_ Korean Conflict

June 15, 1950 - January 31, 1955

\_\_\_\_\_ Vietnam

August 5, 1964 - May 7, 1975

\_\_\_\_\_ Persian Gulf

August 2, 1990 - ending date  
as specified by the  
President or Congress

If you served overseas during one of these conflicts and wish to apply for the additional 5 points to be added to your test scores, please check the appropriate box.

An additional 5 points may be added if an applicant has a service-connected disability. An honorably discharged veteran who has been awarded the Purple Heart shall be considered to have a service-connected disability. However, the points shall be given only upon passing the exam and shall not be the determining factor in passing. Please bring certification of your service-connected disability.

5. Please list all addresses where you have resided in the past ten years. (Please put additional addresses on separate sheet):

Street Address	City	State	County	Date:	From	To

6. List the names and relationship of any relatives working for the City of Pella:


7. When requesting information vital to the background check, the requesting law enforcement agency is often required to provide the individual's sex. Please indicate your sex for this reason:  Male  Female

8. Do you possess a valid driver's license?  Yes  No | If so, State in which it was issued: | Date it was issued:

Your name and driver's license number EXACTLY as it appears on your license:

9. If you do not currently hold an Iowa driver's license, do you know of any reason why you wouldn't be eligible for one?  Yes  No Explain:


10. Have you ever been involved in a traffic accident?  Yes  No  
Has your license ever been suspended or revoked?  Yes  No Explain: (Date, location, disposition, description, etc.)


If you feel there is additional information about yourself regarding your skills, experience, accomplishments, etc., that would aid us in evaluating your application, please use the space below to more fully describe your qualifications:
