



**City of North Liberty**  
**An Equal Opportunity Employer**

5 East Cherry Street  
P.O. Box 77  
North Liberty, IA 52317  
Phone: (319) 626-5700; Fax: (319) 626-3288

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**EMPLOYMENT APPLICATION**

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

Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_

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

Current Address: \_\_\_\_\_  
Last First Middle Initial

Street City State Zip

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

\_\_\_\_\_

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**EDUCATION**

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Circle highest grade completed: 6 7 8 9 10 11 12 GED College: 1 2 3 4 5 6 7+

Institution

High School: \_\_\_\_\_ Grade Completed/Degree: \_\_\_\_\_  
Location: \_\_\_\_\_ Course Study: \_\_\_\_\_

College: \_\_\_\_\_ Grade Completed/Degree: \_\_\_\_\_  
Location: \_\_\_\_\_ Course Study: \_\_\_\_\_

College: \_\_\_\_\_ Grade Completed/Degree: \_\_\_\_\_  
Location: \_\_\_\_\_ Course Study: \_\_\_\_\_

**Certifications:** Indicate current ( C ) or expired ( E )

Lifeguard: \_\_\_\_\_  
Water Safety Instructor: \_\_\_\_\_  
Water Safety Aide: \_\_\_\_\_  
CPR/PR: \_\_\_\_\_  
CDL: \_\_\_\_\_  
CPR: \_\_\_\_\_  
Driver's License: \_\_\_\_\_  
Coaching Certification: \_\_\_\_\_

Please list other education, experience, talents or trainings you may possess which will benefit you in this position?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**EMPLOYMENT HISTORY**

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Start with present or last job; include at least 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.

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If you are currently employed, may we contact your present employer?    YES    NO (circle one)

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Have you previously worked for the City of North Liberty?    YES    NO (circle one)

If yes, please complete the following information: Employment Dates: \_\_\_\_\_

Position(s) held: \_\_\_\_\_ Department: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**Most recent or current employment:**

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

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

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Employed Dates: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

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

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Employed Dates: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

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

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Employed Dates: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**Please include additional work experience, or resume on separate sheet. Any other employment history may be listed below:**

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**EMPLOYMENT AVAILABILITY**

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*This page is for Seasonal/Recreation/Aquatic Staff applicants only*

Anticipated Start Date: \_\_\_\_\_  
Days Available to work: \_\_\_\_\_  
Times Available to work: \_\_\_\_\_  
Number of hours per week desired: \_\_\_\_\_  
Specific times/days NOT able to work: \_\_\_\_\_  
If Seasonal Work Only: Desired End Date: \_\_\_\_\_  
List Special Requests for time off: \_\_\_\_\_  
\_\_\_\_\_

Please mark availability on the chart below:

<u>Time</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
5:45-7:00AM							
7:00-8:00AM							
8:00-9:00AM							
9:00-10:00AM							
10:00-11:00AM							
11:00-12(Noon)							
12(Noon)-1 PM							
1:00-2:00PM							
2:00-3:00PM							
3:00-4:00PM							
4:00-5:00PM							
5:00-6:00PM							
6:00-7:00PM							
7:00-8:00PM							
8:00-9:45PM							

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

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

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

Do you have a valid Iowa Chauffeur's License? YES NO (circle one)

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

How did you learn about this employment opportunity? (Please circle)

Friend Newspaper Job Net Face Book City Website Other: \_\_\_\_\_

Are you a United States Military Veteran? YES NO (circle one) Branch of Service: \_\_\_\_\_

Dates of Military Service: \_\_\_\_\_

**Those wishing to claim Veteran's preference must submit Proof of Service Form DD214 at time of interview.**

Have you ever been convicted of a felony? A conviction does not automatically mean you cannot be hired. Please give all the facts of your case. What you were convicted of and how long ago are important.

**NOTE: All applicants will be required to pass a post offer drug screen and physical evaluation prior to beginning work as an employee of the City of North Liberty.**

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 North Liberty and my previous employers (with the exception of \_\_\_\_\_) to conduct or participate in an investigation 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:

\_\_\_\_\_  
\_\_\_\_\_