



This document is provided to you to assist in the application process. Do not submit it as part of your application.

As a part of your completed application, it is your responsibility to provide the following documentation in an electronic format with your application. Applications without the following documents will not be accepted.

- Complete job application.
- Copy of high school transcripts stating date of graduation, or if applicable, a General Educational Development (GED) Certificate and Transcript of scores with the date of graduation imprinted upon it. A copy of your Diploma will not be accepted as sufficient documentation.
- Copy of college transcripts (if applicable).
- Discharge Record(s) from the United State Military (if applicable).

Please do not submit other documents or certificates beyond the documents requested above.

Completed application packets and associated documents must be submitted to crfire@cedar-rapids.org by 4:30 p.m. on Friday, April 22nd, 2016.

The night of the written examination you will be required to sign the application packet and an authorization and release for background investigation. The fire department will provide the documents and a notary public. Examples of these documents are included.

If you do not have access to a computer the Cedar Rapids Public Library (CRPL) has a computer and all the necessary software to complete the application. The CRPL has two locations in Cedar Rapids. The Downtown Library is located at 450 5th Ave SE. The Ladd Library is located at 3750 Williams Blvd. SW. The CRPL can be reached at (319) 398-5123.

If you have questions about the application process call (319) 286–5200 (fire administration office) during regular business hours or email crfire@cedar-rapids.org. Most inquiries will be answered by the close of the next business day.

All information will become part of the permanent record of your application and will not be returned to you.

\$30.00 testing fee will be due the night of the written test. Payment must be made with cash or check. No electronic form of payment can be accepted.

AUTHORIZATION AND RELEASE

I hereby authorize the Police Department of the City of Cedar Rapids, Iowa, and/or any other law enforcement agency of the State of Iowa, or any other law enforcement agencies, to give to authorized representatives of the City of Cedar Rapids, Iowa, and the Cedar Rapids Civil Service Commission, any information which it may have, possess, or may obtain bearing upon any criminal or misdemeanor record, and previous employment records that I may have as authorized by Chapter 692 of the Iowa Code.

It is understood that any information so obtained may be used by the City of Cedar Rapids, Iowa and the Cedar Rapids Civil Service Commission in determining any fitness for employment by the City of Cedar Rapids, Iowa.

I hereby release the above law enforcement agencies, the Cedar Rapids Civil Service Commission, former employers and/or any officials and employees thereof from any claims, demands or rights that I may have against them.

I understand that any false information I may have given, written or orally, will be sufficient cause for further consideration for position for which I have applied or for immediate dismissal in the event that I am employed with the City of Cedar Rapids, Iowa.

Date _____

Witnessed by _____

Position _____

If witnessed by
Notary Public imprint seal here

Signature (Legal Name) DO NOT PRINT

Other Names You Have Been Known As

NOTE: This form must be witnessed in the presence of a Notary Public.

This document is provided for your reference. The document will be signed in front of a notary public on the night of the written examination.

**The City of Cedar Rapids is an Equal Opportunity Employer.
All information provided is evaluated for relevance to the open position.
Application assistance provided for the disabled upon request.**

Be sure to read this statement before signing.

By signing I certify that answers given on this application are true and complete and contain no misrepresentation. I understand that any false statements or failures to disclose certain information on this application may eliminate me from further consideration for employment or will be grounds for dismissal. Furthermore:

1. I authorize the City of Cedar Rapids to investigate my personal background, work history, education and police record as necessary to verify the information provided in my employment application and to determine my fitness to hold the position I have applied for. I authorize all previous employers and educational institutions to furnish the City of Cedar Rapids, to the extent permitted by law, all information they may have concerning me. I release them and the City of Cedar Rapids from all liability that may arise from such investigation.
2. I agree to submit to a physical examination before being hired and if required, any time after being hired, at City expense. I hereby acknowledge the City of Cedar Rapids is notifying me of intent to conduct drug or alcohol testing in connection with my employment, or workers compensation benefits.
3. I further understand and certify that a xerographic or scanned copy of this statement and my signature is as valid as the original for the purposes named above.
4. I understand that if hired, I will be expected to comply with the requirements of the Immigration Reform and Control Act of 1986 by providing verification of identity and employment eligibility per provisions of the Act.
5. I understand that the City of Cedar Rapids is a smoke free organization. The Iowa Smokefree Air Act prohibits smoking in all public buildings owned, leased or operated by or under the control of the City of Cedar Rapids, including the grounds of the public buildings, such as the sidewalks and sitting areas immediately adjacent to the buildings.
6. Incomplete applications will not be considered. Please review your application prior to submitting.
7. I understand that the City of Cedar Rapids has established an at will employment policy. Policy number 1.01 titled *General Provisions of Personnel Policy* states "All employees are considered at will." At will employment means that the employee or the employer may end the employment at any time, for any reason and without notice. No organizational representative has the authority to contradict this policy.

I have read and agree with the terms outlined above. If submitting electronically, please enter your full legal name on the signature line and the last four digits of your social security number.

*Applicants who receive an interview will be asked to sign the application at that time if they submitted electronically.

Legal name:

Last 4 digits of SS# if submitting electronically:

Date:

Signature:

This document is provided for your reference. You will sign this document when you take the written test.