



City of Cedar Rapids Employment Application

Cedar Rapids is a vibrant urban hometown

- a beacon for people and businesses that are invested in building a greater community now and for the next generation.

View employment opportunities at: <http://www.cedar-rapids.org/government/departments/hr/employment>. Electronic applications may be e-mailed to hr@cedar-rapids.org. Submit hard copy applications to Human Resources at City Hall, 101 First Street SE, Cedar Rapids, IA 52401. Submit to **one** location only. Resumes are welcomed but may not be submitted in place of an application.

First Name	Last Name	Middle Initial	Primary Phone	Secondary / Mobile Phone
Mailing Address		E-mail Address		
City	State	Zip	County of Residence	

Position for which you are applying:		Available to start work on:		
What interests you about this position?				
How did you hear about this opening?			If you are under the age of 18 list your date of birth:	
Are you eligible to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you a veteran of the US Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check all types of work you will accept:				
<input type="checkbox"/> Temporary	<input type="checkbox"/> Part-time	<input type="checkbox"/> Full-time	<input type="checkbox"/> Weekends	<input type="checkbox"/> Holidays <input type="checkbox"/> Rotating shift <input type="checkbox"/> 1st shift <input type="checkbox"/> 2nd shift <input type="checkbox"/> 3rd shift

A	Name of present / last employer		Your Job Title		Type of Business	
	City, State of employer		Supervisor's name		Supervisor's title	
Supervisor's phone		May we contact?		Hours per week	Start Date	End Date
<input type="checkbox"/> Yes <input type="checkbox"/> No				Starting Pay	Ending Pay	
Explain the specific reason for leaving / wanting to leave						

REQUIRED - Summarize related job duties. (NOTE: "See attached resume" will not be accepted.)

B	Name of present / last employer		Your Job Title		Type of Business	
	City, State of employer		Supervisor's name		Supervisor's title	
Supervisor's phone		May we contact?		Hours per week	Start Date	End Date
<input type="checkbox"/> Yes <input type="checkbox"/> No				Starting Pay	Ending Pay	
Explain the specific reason for leaving / wanting to leave						

REQUIRED - Summarize related job duties. (NOTE: "See attached resume" will not be accepted.)

C	Name of present / last employer		Your Job Title		Type of Business	
	City, State of employer		Supervisor's name		Supervisor's title	
Supervisor's phone		May we contact?		Hours per week	Start Date	End Date
<input type="checkbox"/> Yes <input type="checkbox"/> No				Starting Pay	Ending Pay	
Explain the specific reason for leaving / wanting to leave						

REQUIRED - Summarize related job duties. (NOTE: "See attached resume" will not be accepted.)

D	Name of present / last employer		Your Job Title		Type of Business	
	City, State of employer		Supervisor's name		Supervisor's title	Supervisor's phone
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours per week	Start Date	End Date	Starting Pay	Ending Pay	
Explain the specific reason for leaving / wanting to leave						
REQUIRED - Summarize related job duties. (NOTE: "See attached resume" will not be accepted.)						

Check programs you have experience with, check if you are an advanced, intermediate or basic user.

<input type="checkbox"/> Typing: List words per minute:	<input type="checkbox"/> CAD:	<input type="checkbox"/> Advanced	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Basic
<input type="checkbox"/> Word: <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic	<input type="checkbox"/> Publisher: <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic			
<input type="checkbox"/> Excel: <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic	<input type="checkbox"/> PeopleSoft: <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic			
<input type="checkbox"/> Access: <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic	<input type="checkbox"/> OnBase: <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic			
<input type="checkbox"/> PowerPoint: <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic	<input type="checkbox"/> SharePoint <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Basic			
<input type="checkbox"/> Others (list):				

Please list any other job skills that would be applicable to the position for which you are applying.

Are you now or have you ever been employed by the City? Yes No **If yes**, list position title and date(s).

Have you ever been convicted of a misdemeanor or felony? Yes No **If yes**, please explain, including date(s).

The existence of a conviction record will not automatically disqualify you from the job. It will be reviewed along with other information that is relevant to the position.

Are you currently required to register as a sex offender in this or any other jurisdiction? **If yes**, please explain, including date(s) and location of incident. Yes No

In the last 10 years, have you been discharged, suspended, or asked to resign from employment for disciplinary reasons? Yes No **If yes**, give name of company and reason.

List the name(s), department and relationship of any relatives working for the City of Cedar Rapids. If none, so indicate.

Education

Highest degree received:	<input type="checkbox"/> High School/GED	<input type="checkbox"/> Technical	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate
Name of School or Training Program	State	Major/Minor or Certificate Earned				

Professional Licenses / Certifications:

Professional Memberships:

Trade Experience / Training:

Valid Driver's License:	<input type="checkbox"/> Yes <input type="checkbox"/> No	State of Issue:	Driver's License Number:		
CDL:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class:	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Endorsements:	

References. Please list three professional references (people you have worked for or with).

Name	Relationship (co-worker, supervisor, etc.)	Contact Number

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: _____

If printing and submitting, please sign here: _____ Date: _____

JOINT COMMUNICATIONS CENTER

Supplemental Application Form

This supplemental form is part of the application process. You must complete this form and submit it with the application at the time you file.

Experience has shown that applicants for dispatcher positions consider only the positive aspects of the job while ignoring some of the less attractive features such as: forced overtime, holiday work assignments, etc. As a result, when new employees encounter such job features, they sometimes react by leaving the job well before training has been completed. Early resignations that result from a lack of accurate job knowledge contribute to high attrition rates among dispatch personnel.

While there are many satisfying and rewarding aspects to the dispatcher's position, and there is no question that the job makes significant contributions to the welfare and safety of the community, it is important for all applicants to carefully consider both the negative and positive features of a new career before deciding to apply for the position.

The job factors listed below are aspects of the dispatcher's position. If a significant number of these factors present problems for you, it is strongly recommended that you consider alternative employment choices that may better fit your career goals.

Please place your initials on the line by each statement signifying that you have read and understand each factor.

Work Environment

- _____ 1. Be unable to physically leave your work site at any time other than authorized break and lunch periods
- _____ 2. Be unable to schedule your own lunch or rest breaks.
- _____ 3. Be unable to smoke or eat at your work station at any time.
- _____ 4. Work in a confined work area in close proximity to other employees.
- _____ 5. Have limited opportunity to socialize with your fellow workers during your work shift.
- _____ 6. Work within an organization structured on a "military model." That is, conform to grooming standards and work in a structured chain of command.
- _____ 7. During training and probationary period, be closely monitored and evaluated as to job performance.
- _____ 8. Work at a rapid pace over which you have no control.
- _____ 9. Maintain intense concentration and attention for extended periods of time.
- _____ 10. After training, work under close supervision.

Work Schedule

- _____ 11. Be required to work any of three shifts; days, afternoons, midnights.
- _____ 12. Be required to work weekends and holidays.
- _____ 13. Be prepared to work a position where punctuality and attendance are an absolute requirement.
- _____ 14. Change work shifts and days off or cancel holiday plans on short notice.
- _____ 15. On occasion, be required to work overtime.

Call Types

- _____ 16. Speak with persons on the telephone that may be intoxicated, incoherent, obscene, irrational or abusive.
- _____ 17. Respond to calls when violent crimes are in progress.
- _____ 18. Make rapid decisions based upon little information, decisions upon which the health & safety of other persons are dependent.
- _____ 19. Deal with life threatening emergency situations while maintaining a calm, professional demeanor.

With my signature below, I certify that I have read and considered each factor listed above.

- 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: _____