



# IOWA CITY PUBLIC LIBRARY

123 S. Linn St. • Iowa City, IA 52240  
DIRECTOR Susan Craig • PHONE 319-356-5200 • FAX 319-356-5494 • www.icpl.org

## APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)	POSITION APPLIED FOR:	
1. NAME:		
2. ADDRESS:		TELEPHONE:
CITY	STATE	ZIP
E-MAIL ADDRESS:		
3. SOCIAL SECURITY NUMBER		DATE
<b>We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, creed, sexual orientation, gender identity or the presence or absence of a non-job-related medical condition or disability.</b>		
4. Check the type of position preferred	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
5. Date available to start:		
6. Most library jobs require some evening and weekend hours. What hours/days would you NOT be able to work? (Optional: You may include current class schedule.)		
7. If required, to perform the job for which you are applying, do you have a:		
valid driver's license	<input type="checkbox"/> Yes	<input type="checkbox"/> No
valid chauffeur's license	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If a position requires a valid driver's license, it will be listed in the Position Vacancy Announcement.</i>		

THE CITY OF IOWA CITY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

The Iowa Smokefree Air Act prohibits smoking in all public buildings owned, leased or operated by or under the control of the City of Iowa City, including the grounds of the public buildings such as the sidewalks and the sitting or standing areas immediately adjacent to the buildings. Also, smoking is prohibited in all vehicles owned, leased or operated by or under the control of the City of Iowa City.

## EMPLOYMENT EXPERIENCE

8. Start with your present or most recent job. Please provide a minimum of 10 years employment history. (The City considers military service as employment.) You may also include job-related volunteer activities. You may exclude organizations which indicate protected status as listed on page one.

1. Employer		Dates Employed	Job Title:
Address		Work Performed:	
Starting Salary	Current/Ending Salary		
Supervisor	Phone		
May we contact for a reference check? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving or Wanting to Leave			

2. Employer		Dates Employed	Job Title:
Address		Work Performed:	
Starting Salary	Current/Ending Salary		
Supervisor	Phone		
May we contact for a reference check? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving or Wanting to Leave			

3. Employer		Dates Employed	Job Title:
Address		Work Performed:	
Starting Salary	Current/Ending Salary		
Supervisor	Phone		
May we contact for a reference check? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving or Wanting to Leave			

If you need additional space, please continue on an "Additional Employment History" form or attach a sheet of paper with the information.

9. Please indicate educational background which qualifies you for the job for which you are applying. (You may wish to include high school, college degrees, special technical, or armed forces training, post-graduate work and in-service training.)

---

Circle highest grade completed: 6 7 8 9 10 H.S. Diploma GED College: 1 2 3 4

---

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

10. Please describe any other experience (military service, volunteer work or community service, hobbies, skills, travel, etc.) or any personal qualities or characteristics which you think might be helpful in the job for which you are applying.

11. What is your typing speed (if applicable)?

12. Please describe your computer experience.

13. Have you ever been convicted of a felony?  Yes  No  
*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please explain.

14. If you are called for an interview, you will be expected to provide references.

## APPLICANT'S STATEMENT

State any additional information you feel may be helpful to us in considering your application.

I certify that answers given herein are true and complete to the best of my knowledge. I understand that intentional 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 Iowa City and all employers previously authorized in this application to conduct or participate in any 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.

I understand that if I am 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.

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

\_\_\_\_\_  
Date

90-417