

CITY OF DUNLAP
EMPLOYMENT APPLICATION

Position Applied For Police Officer Date of Application _____

City Clerk Full-time

Public Works Part-time

Personal:

Applicant's Full Name _____ Maiden Name _____

Address _____ Phone Number _____

S.S.# _____ Date of Birth _____

Education:

Highest Level of Education (circle one) High School 9 10 11 12 College 1 2 3 4

Elementary School Attended _____

Address _____

High School Attended _____

Address _____

College/ University Attended _____

Address _____

Other Education _____

Address _____ Course of Study _____

References: (List other than family)

Name	Address	Phone
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1. _____

2. _____

3. _____

4. _____

Employment Experience: (Start With Present or Last Job)

1. Employer _____ Address _____
Phone # _____ Supervisor _____

Position/JobTitle _____
WorkPerformed _____

Employed From: _____ To: _____
Reason for Termination _____

2. Employer _____ Address _____
Phone # _____ Supervisor _____

Position/JobTitle _____
WorkPerformed _____

Employed From: _____ To: _____
Reason for Termination _____

3. Employer _____ Address _____
Phone # _____ Supervisor _____

Position/JobTitle _____
WorkPerformed _____

Employed From: _____ To: _____
Reason for Termination _____

4. Employer _____ Address _____
Phone # _____ Supervisor _____

Position/JobTitle _____
WorkPerformed _____

Employed From: _____ To: _____
Reason for Termination _____

List Professions, Trades, Business or Civic Activities and Offices Held:

Military:

Branch of Service _____ Served From: _____ To: _____

Rank _____ Commanding Officer _____

Specialized Skills _____

1. Are you 18 years of age or older? Yes ___ No ___
2. May we contact your present or past employers? Yes ___ No ___ If not, state as to why _____
3. Have you ever been charged or convicted of domestic abuse? Yes ___ No ___ If so, state when and where _____
4. Have you ever been charged with a sexual act or crime? Yes ___ No ___ If so, state when and where _____
5. Have you ever or are you currently registered as a sexual offender? Yes ___ No ___ If so, which state _____
6. Have you ever had a gun permit revoked or suspended? Yes ___ No ___ If so, state when and where _____
7. Do you have a current valid driver's license? Yes ___ No ___ Which State? _____
8. Has your license ever been denied, revoked, or suspended? Yes ___ No ___ If so, state when, where and the reason for action taken _____
9. Have you ever been charged with an intoxicating offense? Yes ___ No ___ If so, state when and where _____
10. Have you ever used illegal drugs? Yes ___ No ___ Have you ever been charged or convicted of using illegal drugs? Yes ___ No ___ If so, state when and where _____
11. Will you submit to a polygraph test? Yes ___ No ___ If not, state why _____
12. Have you ever been involved in civil litigation? Yes ___ No ___ If so, state why _____
13. Have you ever been charged with a criminal act? Yes ___ No ___ If so, state _____
14. Have you ever been convicted of a felony? Yes ___ No ___ If so, please state _____
15. Do you have a problem with using deadly force? Yes ___ No ___ If so. Please state _____
16. Do you currently have a relative working for the City of Dunlap Yes ___ No ___
17. Are you a citizen of the United States of America? Yes ___ No ___
18. Can you pass the requirements of the Iowa Law Enforcement Academy: (POLICE POSITION ONLY)

Sit and Reach Test? Yes ___ No ___

One Minute Sit-up Test? Yes ___ No ___

One Minute Push-up Test? Yes ___ No ___

1.5 Mile Run? Yes ___ No ___

APPLICANTS STATEMENT

I hereby authorize the City of Dunlap or his designee to conduct a driver's license, criminal history record, domestic abuse registry and sexual offender registry check of my records.

I understand that in the event of my employment, any information that was false or misleading in my application or interviews may result in termination. I also understand that if employed I am required to obey all rules and regulations of the office I am assigned.

I certify that the application and answers that have been given are complete and true to the best of my knowledge.

Applicant's Signature and Date

For Office Use
Interviewed _____ Date _____
Remarks _____ _____
Employed _____ Date of Employment _____
Job Title _____ Office _____
By _____ Date _____