



CITY HALL • 50 WEST 13TH STREET • DUBUQUE, IOWA 52001-4805

TELEPHONE: 563-589-4125 • FAX: 563-690-6025

E-MAIL: citypers@cityofdubuque.org

WEBSITE: www.cityofdubuque.org/employment

APPLICATION FOR EMPLOYMENT

NAME _____
(Last) (First) (MI)

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Interested In: Full-Time _____
Part-Time _____
Summer _____

Position(s) applied for: _____

Salary Expectations: _____

When would you be available for work? _____

INSTRUCTIONS: Please print in ink or type all answers.

PERSONAL DATA

1. Name _____
(Last) (First) (Middle)

2. Current Address _____
Street City State Zip

3. Permanent Address _____
Street City State Zip

4. Telephone No. () _____
Area Code

5. E-mail Address: _____

6. Are you a current City Employee? Yes No City Department in which you are currently employed: _____

EDUCATION AND TRAINING

	No. Years Completed	Did You Graduate?
Elementary		
High School		
College		
Post Graduate		

8. List any special training (vocational schools, short courses, workshops, etc.) _____

9. If the job announcement requires completion of specific courses or training, indicate that which you have completed.

10. If the job announcement requires the operation of specific machinery or special skills, list those at which you are competent.

CERTIFICATION OF APPLICANT
Read carefully.

I HEREBY CERTIFY that this application contains no misrepresentations or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification, my application will be rejected and I will be dismissed from my employment with the City of Dubuque. I further authorize the City of Dubuque to make all necessary and appropriate investigations to verify the information contained herein.

Signature _____

(Date)

AUTHORIZATION AND RELEASE

Having made application for employment and desiring the City of Dubuque to be informed as to my record(s), I hereby authorize the City of Dubuque to investigate my record and I further authorize the addressed individual, company or institution to furnish the City of Dubuque with any information which may concern my record, and do hereby release the addressed individual, company or institution and all persons whomsoever from any damage on account of furnishing such information.

A copy of the City of Dubuque Post Offer of Employment policy is available online at www.cityofdubuque.org or in the Personnel Office located at City Hall, 50 West 13th Street, Dubuque, Iowa 52001. For additional information, please call the Personnel Office at 563-589-4125.

Signature _____

(Date)

Military Service

Have you served and been honorably discharged from the Armed forces of the United States during any of the following periods? Yes No

- 1917 through 1939
- World War II from December 7, 1941, through December 31, 1946.
- Korean conflict from June 25, 1950, through January 31, 1955.
- Vietnam conflict from February 28, 1961, through May 7, 1975.
- Lebanon or Grenada service from August 24, 1982, through July 31, 1984.
- Panama service from December 20, 1989, through January 31, 1990.
- Persian Gulf conflict from August 2, 1990 to present.
- Former member of the reserve forces of the United States who served at least twenty years in the reserve forces after January 28, 1973. (A member of the reserve forces of the United States who completed a minimum aggregate of ninety days of active federal service, other than training, and was discharged under honorable conditions, or was retired under Title X of the United States Code shall be included as a veteran).
- Former member of the Iowa national guard who served at least twenty years in the Iowa national guard after January 28, 1973. (A member of the Iowa national guard who was activated for federal duty, other than training, for a minimum aggregate of ninety days, and was discharged under honorable conditions or was retired under Title X of the United States Code shall be included as a veteran).
- Former member of the active, oceangoing merchant marines who served during World War II at any time between December 7, 1941, and December 31, 1946, both dates inclusive.
- Former member of the women's air force service pilots and other persons who have been conferred veterans' status based on their civilian duties during World War II in accordance with federal Pub. L. No. 95-202, 38 U.S.C. § 106 (Please see reverse side.)

If you answered yes to this question, do any of the following apply:

- do you have a service connected disability?
 Yes No
- are you receiving compensation, disability benefits or pensions from the Veterans' Administration?
 Yes No
- have you been awarded the Purple Heart for disabilities incurred in action?
 Yes No

If you served and have been honorably discharged from the armed forces of the United States during one of the above time periods, please attach a copy of your Military Discharge Form DD-214.

Name

Address

City, State, Zip Code

Telephone Number

TITLE 38--VETERANS' BENEFITS

PART I--GENERAL PROVISIONS

CHAPTER 1--GENERAL

Sec. 106. Certain service deemed to be active service

(a)(1) Service as a member of the Women's Army Auxiliary Corps for ninety days or more by any woman who before October 1, 1943, was honorably discharged for disability incurred or aggravated in line of duty which rendered her physically unfit to perform further service in the Women's Army Auxiliary Corps or the Women's Army Corps shall be considered active duty for the purposes of all laws administered by the Secretary.

(2) Any person entitled to compensation or pension by reason of this subsection and to employees' compensation based upon the same service under subchapter I of chapter 81 of title 5 must elect which benefit she will receive.

(b) Any person--

(1) who has applied for enlistment or enrollment in the active military, naval, or air service and has been provisionally accepted and directed or ordered to report to a place for final acceptance into such service; or

(2) who has been selected or drafted for service in the Armed Forces and has reported pursuant to the call of the person's local draft board and before rejection; or

(3) who has been called into the Federal service as a member of the National Guard, but has not been enrolled for the Federal service; and

who has suffered an injury or contracted a disease in line of duty while en route to or from, or at, a place for final acceptance or entry upon active duty, will, for the purposes of chapters 11, 13, 19, 21, 31, and 39 of this title, and for purposes of determining service-connection of a disability under chapter 17 of this title, be considered to have been on active duty and to have incurred such disability in the active military, naval, or air service.

(c) For the purposes of this title, an individual discharged or released from a period of active duty shall be deemed to have continued on active duty during the period of time immediately following the date of such discharge or release from such duty determined by the Secretary concerned to have been required for that individual to proceed to that individual's home by the most direct route, and in any event that individual shall be deemed to have continued on active duty until midnight of the date of such discharge or release.

(d) For the purposes of this title, any individual--

(1) who, when authorized or required by competent authority, assumes an obligation to perform active duty for training or inactive duty training; and

(2) who is disabled or dies from an injury incurred while proceeding directly to or returning directly from such active duty for training or inactive duty training, as the case may be;

shall be deemed to have been on active duty for training or inactive duty training, as the case may be, at the time such injury was incurred. In determining whether or not such individual was so authorized or required to perform such duty, and whether or not such individual was disabled or died from injury so incurred, the Secretary shall take into account the hour on which such individual began so to proceed or to return; the hour on which such individual was scheduled to arrive for, or on which such individual ceased to perform, such duty; the method of travel employed; the itinerary; the manner in which the travel was performed; and the immediate cause of disability or death. Whenever any claim is filed alleging that the claimant is entitled to benefits by reason of this subsection, the burden of proof shall be on the claimant.

(e) Each person who has incurred a disability as a result of an injury or disease described in subsection (b) shall be entitled to the same rights, privileges, and benefits under title 5 as a preference eligible described in section 2108(3)(C) of title 5.

SUPPLEMENTAL EQUAL EMPLOYMENT FORM

Your response to the following questions is voluntary and will in no way affect your opportunity for employment with the City of Dubuque.

The purpose of these inquiries is to assist us and those agencies involved in enforcing Equal Employment Laws in auditing our practices so that trends can become apparent in who is applying and who is actually hired.

Today's Date: _____

PLEASE CHECK THE APPROPRIATE BOX

Age:

- Under 18
- 18-25
- 26-35
- 36-45
- 46-55
- 56-65
- 66-70
- Over 70

Gender:

- Female
- Male

Ethnic Origin:

- Black (African, Jamaican, Trinidadian or West Indian descent)
- White (Indo-European, including Pakistania or East Indian descent)
- Asian (Japanese, Chinese, Polynesian or Korean descent)
- Spanish Surname (Mexican, Puerto Rican, Cuban, Latin American or Spanish descent)
- American Indian (who identify themselves or are known as such by virtue of tribal association)
- Others (includes Aleuts, Eskimos, Malayans, Thais and others not covered by specific categories on this form)

Highest Level of Education:

- 0-8 years
- 9-11 years
- 12 years
- Over 12 years

How Did You Learn About This Job:

- City Website
- Access Dubuque
- Iowa Workforce Development /IowaWORKS
- City Job Listing
- Other City Department
- City Employee
- Friend
- Newspaper
- School
- Relative
- Other Website _____
- Other _____

Mental Disability

Physical Disability

Please describe: _____

