

Human Resource Department

24 N Center Street
Marshalltown, IA 50158
Ph (641) 754-5704
www.ci.marshalltown.ia.us
hr@ci.marshalltown.ia.us



THE CITY OF MARSHALLTOWN IS AN EQUAL OPPORTUNITY EMPLOYER

Storm Water Coordinator Employment Application

City Use Only

This application is part of the hiring process and is used to compare each candidate using the same information in the same format. You may attach a resume or other material to this application but do not answer any question by writing 'refer to the attached resume'. Submit all materials via email to the City Human Resource Director at hr@ci.marshalltown.ia.us. First review of applications will be May 12, 2017 at Noon. OPEN UNTIL FILLED.

First: _____ Middle: _____ Last: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Driver's License #: _____ Email: _____

Phone numbers: Home: _____ Cell: _____ Work: _____

Residing within Marshalltown city limits is not a condition of employment; however, hiring preference may be given to individuals who are current residents of Marshalltown or to those who will become residents of Marshalltown upon hire. Do you live within Marshalltown city limits? _____ If you answered **No**, will you relocate to within city limits during the first 6 months of hire? _____ If you do not live within Marshalltown city limits, at normal driving speed, and under normal conditions, how long will it take you to reach City Hall from your residence? _____

Have you been convicted for a violation of the law other than minor traffic offenses? (A conviction record will not necessarily eliminate you from consideration for employment, factors such as nature and seriousness of the violation; age at time of offense, and rehabilitation will be taken into account.) _____ If you answered yes, or if you are unsure, please explain below:

After a job offer has been made, employment will be contingent upon the successful completion of a pre-employment drug screen and physical. Do you believe that you can pass a pre-employment drug screen and physical? _____

Answer the following question after you have read the Position Announcement. Do you meet all of the qualifications listed? _____ If you answered no, or if you are unsure, please explain:

If you can speak a language in addition to English, please list the language(s) and your degree of fluency:

How did you hear about this position? (Publication, web site, friend, City employee, etc.)

VETERANS' PREFERENCE - Complete this section only if you are a US Military veteran and want to claim veterans' preference points. Applicants wishing to have points awarded for military service must submit proof of service including dates of service and type of discharge prior to or at the time of interview. US Military Service dates: From: _____ To: _____ Do you have an honorable discharge? _____ Are you a United States citizen? _____ Are you currently a resident of Iowa? _____ Do you have a service-connected disability or are you receiving compensation, disability benefits, or pension under laws administered by the veterans' administration (an honorably discharged veteran who has been awarded the Purple Heart for disabilities incurred in action shall be considered to have a service-connected disability)? _____

EDUCATION AND TRAINING:

High School Name _____ City _____ State _____ Zip _____
 Course of Study _____ Highest year completed _____ Did you graduate? _____

College Name _____ City _____ State _____ Zip _____
 Course of Study _____ Highest year completed _____ Did you graduate? _____

Technical Name _____ City _____ State _____ Zip _____
 Course of Study _____ Highest year completed _____ Did you graduate? _____

Other Name _____ City _____ State _____ Zip _____
 Course of Study _____ Highest year completed _____ Did you graduate? _____

EMPLOYMENT HISTORY - List most recent employer first

1.
Employer _____ City/State _____ Phone _____
Dates Employed _____ Most recent earnings _____ Supervisor _____
Position Title: _____ Job Duties: _____

Reason for leaving: _____ May we contact this employer? _____

2.
Employer _____ City/State _____ Phone _____
Dates Employed _____ Most recent earnings _____ Supervisor _____
Position Title: _____ Job Duties: _____

Reason for leaving: _____ May we contact this employer? _____

3.
Employer _____ City/State _____ Phone _____
Dates Employed _____ Most recent earnings _____ Supervisor _____
Position Title: _____ Job Duties: _____

Reason for leaving: _____ May we contact this employer? _____

4.
Employer _____ City/State _____ Phone _____
Dates Employed _____ Most recent earnings _____ Supervisor _____
Position Title: _____ Job Duties: _____

Reason for leaving: _____ May we contact this employer? _____

Have you ever been discharged from any job? _____ If you answered yes, please explain:

REFERENCES

Please list three professional references. References should be able to give an accurate account of work performance. Please do not list relatives.

Applicants will be notified prior to references being contacted.

1) Name _____ Working Relationship _____

Years known _____ Email address, if known _____ Phone _____

2) Name _____ Working Relationship _____

Years known _____ Email address, if known _____ Phone _____

3) Name _____ Working Relationship _____

Years known _____ Email address, if known _____ Phone _____

Have you ever been employed by the City of Marshalltown? _____ If yes, list dates of employment, department, and position(s) held.

Do you know anyone who is employed by the City of Marshalltown? _____ If yes, list names, and how you know them:

What is your experience with enforcing SWPPP (Storm Water Pollution Prevention Plan)?

When is a Storm Water Permit required during the construction Phase?

Is snow cover considered temporary stabilization? Please explain why or why not.

What is your experience with dealing with non-compliance?

AGREEMENT: Before you sign this agreement, please read the following carefully:

The information provided on this application or on any information submitted with this application is true and complete to the best of my knowledge. I agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if later discovered. I have completed this application myself.

In order to permit the City of Marshalltown to make a thorough investigation of my background, personal habits, and character for the purpose of determining my fitness and suitability for employment, I hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action, any and all persons or entities who shall furnish any information or opinions regarding my background, personal habits, and/or character, whether or not that individual is specifically listed as a reference on this application.

I hereby authorize any person or entity who may be contacted by the City of Marshalltown, its agents, or employees to release to such agents or employees any information, data, or opinions they may have regarding my background, personal habits, character, qualifications, and/or job performance. I understand that the source of such information or opinions provided to the City of Marshalltown shall be confidential and that the city shall not be required to reveal the content or source of any information or opinions.

I agree to hold harmless and release from liability under any and all possible causes of legal action, the City of Marshalltown, its agents, and its employees, for any statements, acts, or omissions in the course of its investigation into my background, personal habits, and/or character.

I realize that it is necessary for the City of Marshalltown to thoroughly investigate my personal background and qualifications and by applying for employment with the city, I expressly waive all my legal rights and causes of action to the extent that the City of Marshalltown investigation (for purposes of evaluating my suitability for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

This release from liability given by me to the City of Marshalltown, its employees, or agents, and all others as heretofore provided, shall apply to any right of action that might accrue to my self, my heirs, and/or my personal representatives.

Signature: _____ Date: _____