

# Employment Application

Joint Emergency Communications Center  
 4529 Melrose Avenue  
 Iowa City, Iowa 52246



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, creed, sexual orientation, gender identity, medical condition or disability.

Please PRINT and sign this form. Mail or fax to: Attn: Executive Director, Joint Emergency Communications Center, 4529 Melrose Avenue, Iowa City, Iowa 52246. Fax: 319-338-0028

Position applying for	Date of Application
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Last Name	First Name	Middle Initial
Address		Apt. #
City	State	Zip Code
Telephone Number(s)		
Home (    )		Work (    )
Email	Social Security Number  -    -	

# Background

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Have you ever been convicted of a misdemeanor or felony? Yes  No

If Yes, please explain, including date(s). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently required to register as a sex offender in this or any other jurisdiction? Yes  No

If Yes, please explain, including date(s) and location of incident. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been disciplined or terminated by an employer in the last 10 years? Yes  No

If Yes, please explain, including date(s), employer name and reason for action. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Professional References

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

Name	Relationship	Contact Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

# Education/Training

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## Secondary School

Circle highest grade completed: 9 10 11 12

Did you graduate? Yes  No

If no, do you have a GED? Yes  No

## College

Circle highest grade completed: 1 2 3 4 5 6

Did you graduate? Yes  No

## College/University/Trade School

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Degree Awarded

\_\_\_\_\_  
Major/Minor

\_\_\_\_\_  
Dates Attended

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Degree Awarded

\_\_\_\_\_  
Major/Minor

\_\_\_\_\_  
Dates Attended

## Specialized Training (Apprenticeship, internships, certifications, etc.)

\_\_\_\_\_  
Type of Training

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Dates

\_\_\_\_\_  
Certificate of Completion

\_\_\_\_\_  
Type of Training

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Dates

\_\_\_\_\_  
Certificate of Completion

Do you have a:

Valid Iowa driver's license? Yes  No

Valid non-Iowa driver's license? Yes  No

Valid commercial driver's license? Yes  No

# Employment Experience

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Start with your present or most recent job and list all prior employers. If you have been employed for more than ten years, please provide a minimum of 10 years employment history. Include military service, job-related volunteer activities and periods of unemployment.

## Current or Most Recent

**Position Title** \_\_\_\_\_ Employment Dates \_\_\_\_\_ to \_\_\_\_\_  
Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Direct Supervisor \_\_\_\_\_ May we contact your present employer? Yes  No   
Annual Salary \_\_\_\_\_ Hours Per Week \_\_\_\_\_ # of employees supervised \_\_\_\_\_  
**Primary Job Duties** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for wanting to leave \_\_\_\_\_

**Position Title** \_\_\_\_\_ Employment Dates \_\_\_\_\_ to \_\_\_\_\_  
Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Direct Supervisor \_\_\_\_\_ May we contact your present employer? Yes  No   
Annual Salary \_\_\_\_\_ Hours Per Week \_\_\_\_\_ # of employees supervised \_\_\_\_\_  
**Primary Job Duties** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for wanting to leave \_\_\_\_\_

**Position Title** \_\_\_\_\_ Employment Dates \_\_\_\_\_ to \_\_\_\_\_  
Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Direct Supervisor \_\_\_\_\_ May we contact your present employer? Yes  No   
Annual Salary \_\_\_\_\_ Hours Per Week \_\_\_\_\_ # of employees supervised \_\_\_\_\_  
**Primary Job Duties** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for wanting to leave \_\_\_\_\_

# Additional Employment History

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<b>Position Title</b> _____	Employment Dates _____ to _____
Employer _____	Phone # _____
Address _____	City _____ State _____ Zip _____
Direct Supervisor _____	May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Salary _____	Hours Per Week _____ # of employees supervised _____
<b>Primary Job Duties</b> _____	
_____	
Reason for wanting to leave _____	

<b>Position Title</b> _____	Employment Dates _____ to _____
Employer _____	Phone # _____
Address _____	City _____ State _____ Zip _____
Direct Supervisor _____	May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Salary _____	Hours Per Week _____ # of employees supervised _____
<b>Primary Job Duties</b> _____	
_____	
Reason for wanting to leave _____	

<b>Position Title</b> _____	Employment Dates _____ to _____
Employer _____	Phone # _____
Address _____	City _____ State _____ Zip _____
Direct Supervisor _____	May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual Salary _____	Hours Per Week _____ # of employees supervised _____
<b>Primary Job Duties</b> _____	
_____	
Reason for wanting to leave _____	

# Applicant's Statement

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

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**Be sure to read this statement before signing.**

I certify that all answers given are true and accurate to the best of my knowledge. Furthermore:

1. 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.
2. I authorize JECC 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 the fitness to hold the position for which I have applied.
3. If I accept employment with JECC, I understand that I will be expected to comply with the Immigration Reform and Control Act of 1986 in addition to all rules, regulations and policies set forth for JECC employees.
4. I understand that JECC is a smoke free organization. In compliance with the Iowa Smokefree Air Act, JECC prohibits tobacco use on its grounds which includes but is not limited to building, vehicles, parking lot and sidewalks leading to entrances.

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Signature of Applicant

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Date