



City of Durant	(Ph) 563.785.4451
402 6 th Street PO Box 818	(Fax) 563.785.6809
Durant, IA 52747-0818	

EMPLOYMENT APPLICATION-Full Time Officer

The City of Durant Iowa does not discriminate in hiring on the basis of sex, age, race, color, religious creed, marital status, national origin, or physical or mental disability unrelated to ability to perform the work required.

Full Name: _____ Date _____
 First Middle Last

Address: _____ Social Sec. No. _____

Telephone _____ Cell Phone No. _____

Position applying for with City of Durant: _____

Are you age 18 or Older: Yes ___ No ___ Have you previously applied? Yes ___ No ___

Are you willing to work any shift? Yes ___ No ___

You must be available to work weekends and holidays.

Are you eligible to work in the United States? Yes ___ No ___ *proof required upon employment.*

Military Service: *The following section is required by Iowa Code 35 C.1*

Have you ever served on active duty in the Armed Forces of the United States?

Yes ___ No ___ Branch _____ Serial # _____ From _____ To _____

Rank upon discharge _____ Duties: _____

Highest Rank attained: _____ Type of discharge: _____

For what war or conflict did you serve? _____

Member of Reserve/National Guard? Yes ___ No ___

Was any type of formal disciplinary action taken against you in the service? Yes ___ No ___

If Yes, describe: _____

Education:

Indicate by circling highest grade completed:

Grade School :1 2 3 4 5 6 7 8 Name of School: _____

High School : 9 10 11 12 Name of School _____ Yr. Graduated _____

College: 1 2 3 4 Name of College or University: _____

Other: _____

Please list any other licenses or certifications completed: _____

EMPLOYMENT RECORD

1. Name _____ From _____ TO _____
Address _____ Telephone _____
Position and Duties: _____
Supervisor _____ Wage Start _____ End _____
Reason for leaving: _____

2. Name _____ From _____ TO _____
Address _____ Telephone _____
Position and Duties: _____
Supervisor _____ Wage Start _____ End _____
Reason for leaving: _____

3. Name _____ From _____ TO _____
Address _____ Telephone _____
Position and Duties: _____
Supervisor _____ Wage Start _____ End _____
Reason for leaving: _____

REFERENCES- (non-relatives)

1.) Name _____ Address _____
Telephone _____ How long acquainted? _____

2.) Name _____ Address _____
Telephone _____ How long acquainted? _____

References cont'd

3.) Name _____ Address _____

Telephone _____ How long acquainted? _____

Criminal Background

Have you ever been convicted of a serious misdemeanor or felony, or forfeited a bond for any reason? Yes _____ No _____

If yes, list below. Include juvenile as well as adult occurrences.

Nature of Charge	Date	Police Agency	Final disposition

Driving Record

Indicate the type, place of issue, and expiration date and license number of any vehicle operator's license you currently hold. (You will be required to obtain a valid IOWA license if appointed.) _____

Have you ever been licensed under any other name? Yes _____ No _____

If yes, specify the name, place of issue, expiration date and license number.

How many moving traffic violations have you had in the last 3 years? _____

Has your driver's license in any state ever been revoked? Yes _____ No _____

Do you have any unpaid traffic tickets? Yes _____ No _____

Describe the nature of any and all motor vehicle accidents in which you were involved as a driver. _____

Have you ever been sued as a result of a traffic accident? Yes _____ No _____

Have you ever been convicted of operating a motor vehicle while intoxicated? Yes ___ No ___

Are you aware of any physical and/or mental limitation that might possibly prevent you from handling your duties? Yes _____ No _____

If yes, please explain: _____

Do you use any tobacco products on a regular basis? Yes ___ No ___

If yes, please describe: _____

Within the last three years, have you used any form of narcotics or controlled substance not prescribed by your physician? Yes ___ No ___

If yes, please explain: _____

Potential candidates for this full time School Resource officer position will be required to pass a background check performed by the Durant police Department and other agencies if required.

Please read carefully before signing:

I certify that I have made no willful falsification, misrepresentation or omission in completing this application, and that the entries made by me herein are true, complete and accurate to the best of my knowledge. I understand that, if employed, false or misleading statement on this application shall be considered sufficient cause for dismissal. I further understand that an incomplete application or an absence of my signature below is just cause for rejection on this application.

Signature of Applicant

Date

I hereby acknowledge that the selection process for this position is subject to Iowa open meetings and records. To the extent allowed by law, I request my application be kept confidential. I further request that the sessions in which my qualifications are reviewed and discussed be done in closed session as to protect my reputation.

Signature of Applicant

Date

If you choose to not sign this acknowledgement or request, your application may become public record and considerations of you application may be done in open session.

**Please mail applications to City of Durant
Full Time Officer
PO Box 818
Durant IA 52747-0818**

You may drop applications off at: City Hall 402 6th Street Durant IA 52747

No faxing or emailing of application accepted.

Cover letter and Resumes are also required with the applications. Any questions, please call city hall 563-785-4451 or email dcavin@cityofdurantiowa.com.