



HUMAN RESOURCES

WELCOME TO THE CITY OF AMES

The City of Ames is committed to providing the highest quality of public service possible. To that end we are dedicated to both the hiring and developing of City employees who share in this commitment of service to the citizens of Ames. All employees are important members of the City team and we do our utmost to ensure that we hire the best available candidates while promoting equality of opportunity.

We appreciate your interest in employment with the City of Ames and welcome your application.

**City of Ames
Mission Statement**

*We are caring people, providing quality programs
with exceptional service to a
community of progress.*

**An Equal Opportunity/Affirmative Action Employer
Women, minorities, and persons with disabilities are encouraged to apply**

EMPLOYMENT WITH THE CITY OF AMES

(Please Read Prior to Completing the Application Form)

Employment with the City of Ames is based on the merit principle. This means that hiring decisions are made through an objective process of evaluating candidates' qualifications. Although our employment process is structured, *all* applications receive careful consideration by the staff of the Human Resources Department. We appreciate your interest in employment with the City of Ames and will be happy to assist you with your application and answer any questions you may have.

The employment process begins with an announcement for a recruitment. Vacancy announcements are posted on City bulletin boards and describe the job duties, essential functions, required education and experience, and application procedures. Minimum requirements must be met in order for an application to be considered, and transcripts, diplomas, licenses or other documentation may be required.

Each applicant must complete a City employment application and **submit it by the recruitment closing date** together with any additional required documentation. Any arrangements for exception to this policy must be made by contacting the Human Resources Department **prior to the closing date**. Applications become a part of the record of each recruitment and examination. As such, they cannot be kept "on file" for future consideration for other jobs. (If you are interested in being notified of future vacancies, please inquire in the Human Resources Department about a Job Interest Form.)

Review of applications is the first step in screening applicants for a job. When filling out an application, please provide us with sufficient information about your education, experience, and other pertinent data necessary to demonstrate that you meet the announced minimum requirements. The section pertaining to previous employment experience is extremely important. You must provide the name and address of your previous employers, dates worked, and specific job duties of each position. **A resume may also be submitted but cannot be substituted for the employment application.**

The selection process may include an evaluation of training and experience, a written test, performance test, structured interview, oral board, or a combination of these. Successful completion of each step may be required in order to participate in succeeding steps. Reasonable accommodation in the selection process will be made for persons with disabilities.

Candidates may be interviewed by the department having vacancy *after* the examination process has been completed and the eligibility list determined. The final hiring decision is made by the department head and approved by the City Manager.

In accordance with the State of Iowa Smokefree Air Act, effective July 1, 2008, smoking shall be prohibited in all City buildings, facilities, vehicles and on all grounds of any City owned buildings including the Ames Public Library, CyRide and all CyRide bus stops/stations. Also prohibited by law is smoking in personal vehicles parked in lots located on the grounds of City owned buildings.

Employees may be permitted to smoke during break periods provided by City policy or bargaining agreements if department/division work rules/requirements allow for the employee to leave the worksite and/or prohibited areas to an area where smoking is not prohibited, such as sidewalks; however, employees may not take smoke breaks in addition to such designated rest breaks nor take longer than provided for breaks to accommodate the time required to get to an area where smoking is permitted.

Visit www.iowasmokefreeair.gov for more information on the legislation.



Pre-Employment Verification

Due to the extensive training program that is available to all new CyRide employees, we request all applicants be committed to employment with CyRide for approximately 12 months or longer.

Driver's License Information:

Name	_____	Social Security Number	_____
Number	_____	State	_____
Class	_____	Endorsements	_____
Restrictions	_____	Expiration Date	_____

Have you had a driver's license in any other state(s) or country in the last three years? If yes, which state(s) or country?

No Yes

Please list any accidents or convictions you have received in the past three (3) years. **More than two accidents and/or convictions will disqualify you from being tested or hired.** Seatbelt violations and any speeding tickets MUST BE included. (includes speeding violations where speed was ten mph or less than posted limit.)

Date	Location	Description

A "YES" answer to any of the following questions will disqualify you from being tested or hired for the position.

	YES	NO
Do you have a record of operating a motor vehicle while under the influence (OWI)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had your driver's license revoked or suspended in ANY state in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a record of any hit and run accidents within the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
Are you unable to distinguish the colors of traffic signals?	<input type="checkbox"/>	<input type="checkbox"/>
Do you illegally use controlled substances that could impair your driving ability?	<input type="checkbox"/>	<input type="checkbox"/>

I certify that all statements made are true and complete to the best of my knowledge. I understand that any false statements or omission of material facts may subject me to disqualification or dismissal.

Signature _____ Date _____

CITY OF AMES
EMPLOYMENT APPLICATION

Office Use Only: SIGMA _____

Please use ink or type

Position Applying For: Part Time Transit Driver **Date:** _____

How did you learn of this vacancy? _____

Personal Information

Last Name **First Name** **Middle Name**

Street Address **Apt. #** **City** **State** **Zip**

() - () -
Home Telephone Number **Cellular Number** **E-mail Address**

Home Telephone Number **Cellular Number** **E-mail Address**

What is the best way to contact you? Home Cellular Other: _____

If you are a finalist for this position,
may we contact your current employer for a reference? Yes No

Are you legally eligible for employment in the United States? Yes No
Proof of eligibility will be required at time of employment.

Are you aware of any reason you cannot perform the essential functions of this job with or without reasonable accommodation? Yes No

Do you have relatives working for the City of Ames? Yes No
(if yes, list below)

Name: _____ **Relationship:** _____

>Driver's License Information: Number: _____ **State:** _____

Type of License: Operator's Chauffeur's
 CDL – Please list endorsements: _____

Which of the following do you have? High School Diploma GED

PLEASE LIST BELOW ALL EDUCATION **BEYOND HIGH SCHOOL:**

School Name and Location	Dates (MM/YY)		Major:	No of credits earned:	Degree/Year Received:	
	From:	To:				

List any special training, workshops, seminars, etc. in which you have participated which relate to or are required for this position(s), certification(s), or other miscellaneous qualifications.

Please list your special skills and/or proficiency in the operation of specific machinery required for this position:

I certify that all statements made in this application and the attachments (if applicable) are true and complete to the best of my knowledge. I understand that any false statements or omission of material facts may subject me to disqualification or dismissal. I understand that by submitting this application electronically, my signature will be required at a later time.

I agree to the above statement

Signature (will be required later if submitting electronically)

Date

Beginning with your most recent job, list all employment for the last ten years including relevant volunteer and military service. Also include any employment prior to the last ten years that is relevant to this position, and account for any gaps in employment dates. If additional space is needed, attach a separate sheet. **A resume may also be submitted but cannot be substituted for the information requested on the application.**

Company Name	Position Title	From (Month/Year)	To (Month/Year)
Company Address/Phone	Name & Title of Supervisor		Hours Worked per Week
	Salary/Rate \$	Reason for Leaving	
Duties:			

Employment History

Company Name	Position Title	From (Month/Year)	To (Month/Year)
Company Address/Phone	Name & Title of Supervisor		Hours Worked per Week
	Salary/Rate \$	Reason for Leaving	
Duties:			

Company Name	Position Title	From (Month/Year)	To (Month/Year)
Company Address/Phone	Name & Title of Supervisor		Hours Worked per Week
	Salary/Rate \$	Reason for Leaving	
Duties:			



DRIVING EMPLOYMENT HISTORY

Please list all employers in the past 10 years in which you have operated a commercial motor vehicle.

EMPLOYER	ADDRESS	START/END DATE	REASON FOR LEAVING

I certify that this is a complete and true list of all employers for the past 10 years, and I certify that I currently have only one driver's license.

Signature Date

Spring 2009 Work Availability Schedule

Name

Phone Number

Indicate when you have classes, work, or other commitments when you would not be available to work for CyRide.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
6:00 - 7:00 a.m.							
7:00 - 8:00 a.m.							
8:00 - 9:00 a.m.							
9:00 - 10:00 a.m.							
10:00 - 11:00 a.m.							
11:00 a.m. - 12:00 p.m.							
12:00 - 1:00 p.m.							
1:00 - 2:00 p.m.							
2:00 - 3:00 p.m.							
3:00 - 4:00 p.m.							
4:00 - 5:00 p.m.							
5:00 - 6:00 p.m.							
6:00 - 7:00 p.m.							
7:00 - 8:00 p.m.							
8:00 - 9:00 p.m.							
9:00 - 10:00 p.m.							
10:00 - 11:00 p.m.							
11:00 p.m. - 12:00 a.m.							

List dates when you would not be available for training such as semester break or vacations.

Summer 2009 Work Availability Schedule

Name

Phone Number

Indicate when you have classes, work, or other commitments when you would not be available to work for CyRide.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
6:00 - 7:00 a.m.							
7:00 - 8:00 a.m.							
8:00 - 9:00 a.m.							
9:00 - 10:00 a.m.							
10:00 - 11:00 a.m.							
11:00 a.m. - 12:00 p.m.							
12:00 - 1:00 p.m.							
1:00 - 2:00 p.m.							
2:00 - 3:00 p.m.							
3:00 - 4:00 p.m.							
4:00 - 5:00 p.m.							
5:00 - 6:00 p.m.							
6:00 - 7:00 p.m.							
7:00 - 8:00 p.m.							
8:00 - 9:00 p.m.							
9:00 - 10:00 p.m.							
10:00 - 11:00 p.m.							
11:00 p.m. - 12:00 a.m.							

List dates when you would not be available for training such as semester break or vacations.

Fall 2009 Work Availability Schedule

Name

Phone Number

Indicate when you have classes, work, or other commitments when you would not be available to work for CyRide.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
6:00 - 7:00 a.m.							
7:00 - 8:00 a.m.							
8:00 - 9:00 a.m.							
9:00 - 10:00 a.m.							
10:00 - 11:00 a.m.							
11:00 a.m. - 12:00 p.m.							
12:00 - 1:00 p.m.							
1:00 - 2:00 p.m.							
2:00 - 3:00 p.m.							
3:00 - 4:00 p.m.							
4:00 - 5:00 p.m.							
5:00 - 6:00 p.m.							
6:00 - 7:00 p.m.							
7:00 - 8:00 p.m.							
8:00 - 9:00 p.m.							
9:00 - 10:00 p.m.							
10:00 - 11:00 p.m.							
11:00 p.m. - 12:00 a.m.							

List dates when you would not be available for training such as semester break or vacations.

Please Print Name _____ Social Security No. _____ - _____ - _____

Have you ever been convicted of a felony? Yes No

Have you been convicted of a misdemeanor during the last five years? Yes No

This would include traffic violations such as speeding.

If you answered yes to either question, please explain: _____

CITY OF AMES, IOWA
Application Supplement

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION

The City of Ames is an EEO/AA Employer. To assist us in evaluating our Affirmative Action activities we request that you provide the following information. **Providing this information is voluntary, and will not be used unlawfully in making employment decisions.**

Race or ethnic category (check one):

- White (not Hispanic). Includes European, North African, or Middle Eastern origin.
- African American (not Hispanic).
- Hispanic (regardless of race).
- Asian or Pacific Islander.
- Native American (American Indian or Alaskan Native).

Gender (check one):

- Male
- Female

Please Print Name _____ Social Security No. _____ - - _____

BACKGROUND WAIVER

I authorize the City of Ames, Iowa, to check my background to determine suitability for employment as a municipal employee. I understand this includes gathering of information relative to violation(s) of law which resulted in conviction(s). In addition, my signature releases other agencies, employers, and schools from liability for supplying background information to the City of Ames. I understand that this release may be photocopied and submitted for multiple checks related to this position. **Birthdate information will be used only for this purpose and will not be considered relevant to the hiring decision.**

Date of Birth: _____

Signature (will be required later if submitting electronically)

Date Signed

BACKGROUND WAIVER

I authorize the City of Ames, Iowa, to check my background to determine suitability for employment as a municipal employee. I understand this includes gathering of information relative to violation(s) of law which resulted in conviction(s). In addition, my signature releases other agencies, employers, and schools from liability for supplying background information to the City of Ames. I understand that this release may be photocopied and submitted for multiple checks related to this position. **Birthdate information will be used only for this purpose and will not be considered relevant to the hiring decision.**

Date of Birth: _____

Signature (will be required later if submitting electronically)

Date Signed

Applicant signature is required at bottom of this form:

**STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A**

**TO: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319**

**FROM: City of Ames
Human Resources Department
515 Clark Avenue
Ames, Iowa 50010**

REQUEST

I am requesting an Iowa criminal history check on:
(Please type or print clearly)

_____ Last Name (mandatory)	_____ First Name (mandatory)	_____ Middle Name (recommended)
____ / ____ / ____ Date of Birth (mandatory)	_____ Sex (mandatory)	_____ - ____ - ____ Social Security Number (recommended)
_____ Signature of Requestor		

There is a \$13 per surname fee. Use one form for each surname and duplicate as needed.

RESULTS

As of _____ A Name and date of birth check revealed:
Date

CCH record attached

No CCH record found

DCI initials _____

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal investigation. Any information maintained by the DCI may be released as allowed by law.

--	--

Applicant Signature
(will be required later if submitting electronically)

Date

Instructions for electronic submission:

1. Double-check that you have completed all application materials, including supplemental material (if applicable).
2. Signature on waiver forms will be required later if submitting electronically.
3. Make sure that you have checked the box next to "I agree to the above statement" above the signature line on page 4. If we receive your application without this box checked, it will be considered incomplete and cannot be accepted.
4. When you have filled in all applicable fields, click on the *File* pull-down menu, then click on *Save As*. Save the file on your computer with a file name that is your last name (e.g. Smith.doc).
5. Email the file, as an attachment, to [**hr@cityofames.org**](mailto:hr@cityofames.org)
In order to be considered, **it must be sent before the closing date and time!**

If mailing the application, please send it to: City of Ames
Human Resources
P.O. Box 811
Ames, IA 50010-0811

We also accept applications by FAX at (515) 239-5297.