

HELP WANTED – PUBLIC WORKS EMPLOYEE

The City of Fairbank, IA is seeking and accepting applications for a fulltime Public Works/Maintenance employee.

MINIMUM REQUIRMENTS:

- High school diploma or GED.
- Candidate must have a class B CDL with air brake endorsement required or be able to obtain one within six months of hire.
- Pre-employment physical and drug/alcohol screening required.
- Subject to random drug and alcohol testing.
- Employee must be able to work well independently, with other city employees and with the public.
- Individuals must pass background check.
- Assistance with the Electric utility, Natural Gas system, and Water/Wastewater system.
- Certifications highly recommended or must be willing to become certified.
- Duties will include assisting in all day-to-day operations in all departments as necessary.
- Weekend work on a rotating basis is required.
- Subject to emergency call out at all hours, everyday.

The successful candidate will aid in multiple departments as necessary until a primary focus is obtained. Benefits include health insurance, paid vacation, holidays, and a clothing allowance. Starting wage will be based upon experience and qualifications. Applications and resumes can be dropped off at the Fairbank City Hall or mailed to them at PO Box 447, 116 East Main St Fairbank, IA 50629 until Friday May 10, 2024 at 5 PM.

(Use tab key, not enter key)

Employment Application



- ✓ Please complete this application by typing or printing in ink. **INCOMPLETE** or **UNSIGNED** applications will not be considered.
- ✓ We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, marital status, or disability.
- ✓ Do you need an accommodation to participate in the application or interview process? Yes No

Position Applied For: _____
 Date of Application _____

PERSONAL DATA

Name _____
 Present Address _____ City _____ State _____ Zip _____
 Phone () - Message Phone () - E-Mail Address _____
 Driver's License: Operator CDL CDL Type _____ Endorsements _____

EDUCATION

High School Diploma or GED? Yes No
 Name of High School _____

POST SECONDARY EDUCATION

Diploma or Certificate Yes No Degree? _____
 Name of school _____
 Training Length _____ Date Completed _____
 Major _____ Minor _____
 Apprenticeship Level _____ In which trade? _____

POST SECONDARY EDUCATION

Diploma or Certificate Yes No Degree? _____
 Name of school _____
 Training Length _____ Date Completed _____
 Major _____ Minor _____
 Apprenticeship Level _____ In which trade? _____

POST SECONDARY EDUCATION

Diploma or Certificate Yes No Degree? _____
 Name of school _____
 Training Length _____ Date Completed _____
 Major _____ Minor _____
 Apprenticeship Level _____ In which trade? _____

LICENSE OR CERTIFICATE PERTINENT TO THE APPLIED POSITION

Description	Issued By:	License #	Date Issued	Date of Expiration
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WORK EXPERIENCE (List most recent work experience first)

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box *City* *State* *Zip Code*

Job Title _____ Phone () - _____

Job Description (duties, skills, equipment used)

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box *City* *State* *Zip Code*

Job Title _____ Phone () - _____

Job Description (duties, skills, equipment used)

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

WORK EXPERIENCE

Company Name _____ Immediate Supervisor _____

Complete Address _____
Street / P.O. Box *City* *State* *Zip Code*

Job Title _____ Phone () - _____

Job Description (duties, skills, equipment used)

Dates: From (mm/yy) ____ / ____ To (mm/yy) ____ / ____ Reason for leaving _____

ADDITIONAL INFORMATION THAT COULD HELP YOU QUALIFY FOR THIS POSITION

Examples include; classes (include dates), specific equipment and other skills.

ADDITIONAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> -YES <input type="checkbox"/> -NO (AN AFFIRMATIVE ANSWER DOES NOT AUTOMATICALLY DISQUALIFY THE APPLICANT)	Description and Dates
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LIST REFERENCES (preferably persons who know about your work/training)

Name	Address	Phone Number
_____	_____	() -
_____	_____	() -
_____	_____	() -

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment or, if hired, may be grounds for termination at a later date. Do you want to be informed before we contact your present employer? Yes No

With my signature below (typed or written), I certify that all information on this and all attached pages is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature: _____ **Date:** _____

Authorization for Release of Personal Information

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Fairbank whether the records are of a public, private or confidential nature.

The intent of this authorization is to give consent for a full and complete disclosure of the following records: law enforcement, educational institutions, credit history; current and previous employment and military service records.

I understand that any information obtained directly or indirectly, in whole or in part will be considered in determining my eligibility for employment with the City of Fairbank. I also certify that any person(s) are released from any and all liability, which may be incurred as a result of furnishing information to the City of Fairbank. I further release the City of Fairbank from any and all liability, which may be incurred as a result of collecting such information.

I have read and fully understand the contents of this "Authorization for Release of Information".

A signed copy of this release is to be given the same force and effect as the original.

Position: _____

Signature of Applicant: _____

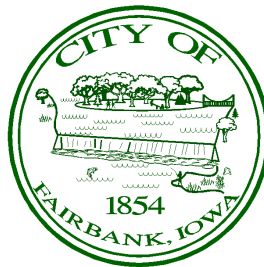
Driver License #: _____

Social Security #: _____

Signature of Witness: _____

Date: _____

**Please return completed form to
Fairbank City Hall**



AUTHORIZATION FOR RELEASE OF INFORMATION