

EMPLOYMENT APPLICATION - **PUBLIC WORKS EMPLOYEE** (2025)  
**CITY OF ELKADER** 207 N. MAIN STREET, ELKADER IA 52043 (563) 245-2098

Candidates must submit this employment application to be considered for this position. This application may be supplemented by a resume where indicated below.

This can be sent to the City Administrator/Clerk via USPS mail service to PO Box 427, Elkader IA 52043 or sent electronically to elkaderadmin@alpinecom.net. Materials must be received by **Friday, September 12, 2025 by 4:30 pm.**

NAME: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ (where do you prefer to be contacted?) \_\_\_\_\_

Email: \_\_\_\_\_

Are you a U.S. Citizen, or do you have a Visa permitting you to work in the U.S.? Yes / No  
(Documentation of authorization to work in the U.S. will be required if an offer of employment is made/accepted.)

Are you 18 years of age or older? Yes / No

Do you have any relatives employed here? Yes / No Name \_\_\_\_\_

Are you a military veteran as defined in Iowa Code Section 35.1? Yes / No  
If yes, provide dates of active duty: \_\_\_\_\_ to \_\_\_\_\_

Have you ever been known by any other name(s) that this company will require to verify any of the information on this application? Yes / No If yes, provide all other name(s): \_\_\_\_\_

Do you currently possess a Class B, Commercial Driver's License? Yes / No  
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

If no, do you understand that you must be able to obtain and maintain one as a condition of employment? Yes / No

The City requires Public Works Employees to respond to an emergency or in unusual situations outside of the normally assigned work periods within 30 minutes (normal driving conditions) from the time they receive the call to being onsite. If your current residence does not allow the specified response time, do you agree to comply with this requirement within 90 days? Yes / No

Have you been terminated or asked to resign from a place of employment? Yes / No If yes, please explain.

**Employment Record:** Starting with your present or most recent job, list your employment experience. You may include job related military service assignments and volunteer activities that reflect your qualifications for employment. Please include all employment during the last 10 years. *You may also attach a resume that includes this information.*

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**Employer name:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Job title: \_\_\_\_\_

Type of work performed: \_\_\_\_\_

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Dates of employment: \_\_\_\_\_

Immediate supervisor: \_\_\_\_\_ May we contact them? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Immediate supervisor: \_\_\_\_\_ May we contact them? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Education:** *(if this is included on an attached resume disregard this section)*

Did you graduate high school or earn a GED? Yes / No

Any additional training?

College or technical school: \_\_\_\_\_

Degree and area of study: \_\_\_\_\_

College or technical school: \_\_\_\_\_

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Other training (including military training or specialized certification programs):

Branch of service or institution: \_\_\_\_\_

Year completed: \_\_\_\_\_ Area of training: \_\_\_\_\_

**Skills and qualifications:** Please summarize job-related skills and qualifications including customer service experience. *(if this is included on an attached resume disregard this question)*

**Community involvement or volunteer activities:**

**Personal References:** List three references who are not related to you and are not previous employers.

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The City of Elkader is an equal opportunity provider and employer. Applicants are considered for employment without regard to race, creed, color, religion, gender, national origin, disability, age, familiar status, political affiliation, citizenship, gender identity or sexual orientation or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. The City of Elkader will comply with any legal obligation to provide reasonable accommodations to qualified individuals with disabilities.

**SIGNATURE REQUIRED/AGREEMENT and RELEASE**

- To the best of my knowledge, the information herein is true and complete.
- I hereby authorize the City of Elkader to investigate all the statements in this application and to secure any additional information from all employers, references, and academic institutions.
- I hereby release all those employers, references, academic institutions and the City from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with the City.
- I understand that if I receive a Conditional Offer of Employment, the City of Elkader will complete a thorough background check to include past employment, schools, references, and criminal convictions.
- I also understand that I will be tested for the presence of drugs as part of the pre-employment screening.
- No promises of any form or nature regarding employment have been made to me, and no guarantee of any length of employment is, nor shall be, binding on this employer, unless an agreement to the contrary has been written and signed by the City.
- I understand that providing false information on this application is grounds for disqualification and/or dismissal.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature

Return application: Jennifer Cowsert, City of Elkader, PO Box 427 / 207 N. Main Street, Elkader, IA 52043  
elkaderadmin@alpinecom.net

**by 4:30 p.m. on Friday, September 12, 2025.**

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