

ADMINISTRATIVE ASSISTANT/DEPUTY CITY CLERK (2025)

EMPLOYMENT APPLICATION

CITY OF ELKADER 207 N. MAIN STREET, ELKADER IA 52043 (563) 245-2098



Candidates must submit this employment application and a letter of interest/cover letter to be considered for this position. This application may be supplemented by a resume where indicated below.

This can be sent to the City 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 26, 2025 by 4:30 pm.**

Name _____
FIRST MIDDLE LAST

Address _____
STREET/PO BOX CITY STATE ZIP CODE

Telephone (____)_____ Email: _____

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

Do you have any relatives employed here? Yes/No Name_____

Are you a U.S. Citizen or a legal alien entitled to work in this position? Yes/No

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):

Have you been convicted of a felony or misdemeanor other than a minor traffic violation? 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.

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

(start with most recent employment-you may also attach a resume that includes this information.)

Employer name: _____

Address: _____

Telephone number: _____

Job title: _____

Type of work performed: _____

Dates of employment: _____ **Salary:** _____

Immediate supervisor: _____ **May we contact them?** _____

Reason for leaving: _____

Employer name: _____

Address: _____

Telephone number: _____

Job title: _____

Type of work performed: _____

Dates of employment: _____ **Salary:** _____

Immediate supervisor: _____ **May we contact them?** _____

Reason for leaving: _____

Employer name: _____

Address: _____

Telephone number: _____

Job title: _____

Type of work performed: _____

Dates of employment: _____ **Salary:** _____

Immediate supervisor: _____ **May we contact them?** _____

Reason for leaving: _____

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

High school attended: _____ Year graduated or GED obtained: _____

College or technical school: _____

Year graduated: _____ Degree and area of study: _____

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. *(if this is included on an attached resume disregard this question)*

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

Name: _____

Address: _____

Telephone number: _____

Name: _____

Address: _____

Telephone number: _____

Name: _____

Address: _____

Telephone number: _____

The City of Elkader is an equal opportunity service provider and employer. Applicants are considered for employment without regard to race, creed, color, religion, gender, national origin, disability, age, familiar status, political affliction, 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 to:
Jennifer Cowsert, City Administrator/Clerk
City of Elkader
PO Box 427 / 207 N. Main Street
Elkader, IA 52043
elkaderadmin@alpinecom.net

by 4:30 p.m. on Friday, September 26, 2025