

★ **Roll Call Number**  
05-1078

**Agenda Item Number**  
III-B

**Date** May 2, 2005

**A Joint Resolution between the City of Des Moines and the County of Polk  
Regarding Joint Employment Application**

**WHEREAS**, the City of Des Moines and Polk County recruit and select individuals for employment, and;

**WHEREAS**, a possible opportunity for collaboration and ultimate recruitment cost savings and improved services exist, and;

**WHEREAS**, the City of Des Moines and Polk County have developed a single employment application to achieve a “one-stop” shop for applying for City and County jobs; and

**WHEREAS**, the joint application will be accessible to external and internal candidates at Polk County and City of Des Moines offices and internet sites; and;

**NOW, THEREFORE, BE IT RESOLVED** that the Des Moines City Council and the Polk County Board of Supervisors hereby approve the joint employment application to be used for all position available to external candidates.

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Moved by Mauro for the County and seconded by Brownell for the County, and Moved by Vlassis for the City that this Resolution be adopted:

POLK COUNTY BOARD OF SUPERVISORS      DES MOINES CITY COUNCIL

Tom Hockensmith  
 Tom Hockensmith, Chairman

T.M. Franklin Cownie  
 T.M. Franklin Cownie, Mayor

APPROVED AS TO FORM:

Carol Moser  
 Carol Moser  
 Assistant City Attorney

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT	ROLL CALL FOR ALLOWANCE		CERTIFICATE	
COWNIE	✓				MAY 2, 2005			I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.  IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.
BROOKS	✓				E.J. Giovannetti	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>		
COLEMAN	✓				Robert Brownell	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>		
HENSLEY	✓				John F. Mauro	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>		
KIERNAN	✓				Angela Connolly	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>		
MAHAFFEY	✓				Tom Hockensmith	Yes <input checked="" type="checkbox"/> Nay <input type="checkbox"/>		
VLASSIS	✓				Yea <u>5</u> Nay <u>0</u>			
TOTAL	<u>7</u>				Above tabulation made by <u>BD</u>			
MOTION CARRIED	APPROVED				ALLOWED BY ABOVE VOTE OF BOARD		<u>Diane Rauh</u> City Clerk	
<u>T.M. Franklin Cownie</u> Mayor					<u>Hockensmith</u> CHAIRPERSON			





3.	Company Name	Telephone ( )
	Address	Employed (Month and Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving

4.	Company Name	Telephone ( )
	Address	Employed (Month and Year) From To
	Position Held	Hourly Pay/Salary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
	Describe Your Duties	
	Name of Supervisor/Title	Reason for Leaving

<b>ADDITIONAL REFERENCES</b>	Give name(s) of person(s) familiar with your current abilities who we may contact for a reference. <b>Please do not list relatives.</b>
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1.	Name	Relationship to Applicant	Organization
	Telephone Home Work	Address	

2.	Name	Relationship to Applicant	Organization
	Telephone Home Work	Address	

Have you been discharged or asked to resign from a job?  Yes  No  
If yes, list employer, dates, reason and explanation-

Are you eligible to work in the United States either because you are a U.S. citizen or have U.S. government permission to do so?  Yes  No

Have you been convicted by a court of a crime within the past 10 years or do you currently have a charge pending for any felony, misdemeanor, or other offense excluding minor traffic violations?  Yes  No

**(If yes):** on a separate sheet of paper, list your name, the job number/title that you are applying for, and the following details for each offense: the violation, the court (including military), the place and date of conviction, the penalty (fine, sentence, dates of probation), and the name under which conviction if other than listed above. You may omit any traffic offense for which the fine was less than \$200.00, and any record that has been sealed or expunged by the court. Conviction is not necessarily a bar to employment. Each case is given individual consideration based upon the job relatedness of the offense).

**ALCOHOL AND CONTROLLED SUBSTANCE TESTING**

As a condition of employment with the City of Des Moines or Polk County, applicants/employees of Public Safety positions are required to successfully pass a pre-employment and random drug screening. In addition, all employees must abide by our policy regarding the effects of drug use and the unlawful possession of controlled substances. Employees must report any conviction under a criminal drug statute within five (5) days of the conviction.

Additionally, as a condition of employment, all City of Des Moines employees must pass a pre-employment drug screen.

I hereby agree to submit to the required drug testing.

Signature

Date:

**AUTHORIZATION AND CERTIFICATION**

**(Be sure to read statement before signing)**

By signing below, I certify that the answers and information set out above are true, accurate, and complete to the best of my knowledge. I understand that false, incomplete, or inaccurate statements, regardless of when discovered, may result in my disqualification or dismissal from employment with the City of Des Moines or Polk County.

I authorize the employer to investigate all statements contained in this application for employment to include criminal, child and/or dependent adult abuse information as well as my character and qualifications. I release the employer from all liability for acts performed in good faith and without malice in connection with evaluation of my application.

I authorize my prior employers, references, and others with information regarding my work, education history or my character, to provide the employer with all information requested and to cooperate fully with the investigation of my character and qualifications. I also release those employers, references and others from all liability for providing information in good faith and without malice.

I understand that this application is not a contract of employment. I agree that if employed, I will abide by all policies, procedures, rules and regulations established by the City of Des Moines or Polk County.

I also understand that if I am offered employment, the offer is conditioned upon receipt of satisfactory employment references, acceptable criminal/abuse background information, and favorable health evaluation, which includes a physical examination. The physical examination for Polk County includes a drug screen for Public Safety positions and the City of Des Moines includes a drug screen for all positions.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date of Hire:

Agency/Department:

Position:

Rate:

**ABUSE REGISTRY AND CRIMINAL HISTORY WAIVER**

**(Will be maintained separate from the application)**

I hereby give permission for the City of Des Moines or Polk County, Iowa to conduct a child and/or dependent adult abuse check and an Iowa criminal history check with the Division of Criminal Investigation. Any information maintained by the DCI may be released and I understand that it will be used by the requestor only for licensing / employment or volunteer purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

Date of Birth:

**General Instructions:** Applications are only accepted for a position **when** a job announcement is posted. Read the job announcement to determine if you meet the minimum qualifications for the position. **A separate application form must be submitted for each position.** Copies are accepted. A resume may be attached, but may not take the place of the Application. An application or resume cannot be returned. Please type or write clearly.

The completed application and supplemental questionnaire, if any, must be filed with the appropriate hiring entity. Applications may be delivered in person, by the U. S. Post Office, email or by facsimile. It is up to you to ensure that your application is received by the closing date listed on the job announcement. If an announcement is "open until the needs are met" the Human Resources Department may stop accepting applications for the position at any time without further notice.

According to the Americans with Disabilities Act, it is the responsibility of the applicant with an ADA-covered disability to request accommodation, which he/she requires in order to participate in the application or examination process. It is the policy of the Human Resources Department to require documentation of the ADA-covered disability and the need for accommodation. You will receive written notice if your application has been accepted or rejected. You will also be notified when and where to report to take an examination, if required.

Qualified applicants who meet established job and/or examination requirements may be certified and placed on an eligibility list for employment consideration. The eligibility list remains in effect for a specified period of time. Please notify the Human Resources Department of any changes in your name, address or telephone number(s). Prior to your employment you will be required to provide documentation of your identity and employment eligibility in order to comply with the Immigration Reform and Control Act of 1986. Applicants may be required to submit to a complete background check, a conditional-offer drug test and/or medical examination.

**Veteran's Preference (Civil Service Positions Only):** In all entrance examinations except those held for Police Chief or Fire Chief, honorably discharged war-time veterans shall have five points added to their final passing examination score. Should eligible veterans have service connected disabilities or receive compensation, disability benefits or pension under laws administered by the Veterans Administration, an additional five points shall be added to their score. An eligible veteran who has been awarded the Purple Heart for disabilities incurred in action shall be considered to have a service-connected disability. Points shall be given only upon passing the examination and shall not be the determining factor in passing. Submittal of a DD214 form verifying proof of honorable service and dates of active service during war-time as well as any valid documentation of a service-connected disability is required upon application to receive preference consideration.

**Equal Employment Opportunity:** Discrimination against any person in recruitment, examination, appointment, training, promotion, retention, discipline, or any other aspect of personnel administration because of political or religious affiliations or because of race, national origin, or any other non-merit factors is prohibited. Discrimination on the basis of age or sex or physical disability is prohibited except where specific age, sex, or physical requirements constitute a bona fide occupational qualification.

# City of Des Moines- Polk County

## *Applicant Self Identification Form Equal Employment Opportunity Survey*

Polk County and the City of Des Moines are equal employment opportunity/affirmative action employers and do not discriminate against qualified applicants/employees based upon any protective class status including but not limited to race, color, creed, religion, sex, national origin, ancestry, age, marital status, veteran status, or disability.

Federal equal employment opportunity laws/regulations require us to compile annual statistical reports on applicants for employment. In order to comply with these recordkeeping/reporting requirements, we are requesting your cooperation in completing this form. The information will be used only for equal employment opportunity/ affirmative action record-keeping and reporting purposes.

**Submission of this information is voluntary.** You will not be subjected to any adverse treatment if you do not provide this information. If you choose to provide the information, the information and this form will be processed/maintained separately from your application forms. All information will be kept confidential. **Even if you choose not to supply this information, this form must be submitted with the application in order for the application to be processed.** Your cooperation is appreciated.

Title of Position Applying for:		Social Security Number	
Name (please print)			Date of Birth
<b>Ethnic Group</b>	<b>Gender</b>	<b>Veteran Status</b>	
<input type="checkbox"/> <b>Asian/Pacific Islander</b> <i>A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. Includes China, India, Japan, Korea, the Philippine Islands, and Samoa.</i>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran	
		<input type="checkbox"/> Special Disabled Veteran	
<input type="checkbox"/> <b>Black (Not of Hispanic/Latino Origin)</b>		<input type="checkbox"/> Other Eligible Veteran	
<input type="checkbox"/> <b>Hispanic/Latino</b> <i>A person of Mexican, Puerto Rican, Cuban, Central/South American, or other Spanish cultures or origins. Does not include persons of Portuguese culture or origin.</i>		<b>Other</b>	
<input type="checkbox"/> <b>Native American Indian/Alaskan Native</b> <i>A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.</i>		<input type="checkbox"/> <b>Disabled Individual</b> <i>(Physical or mental impairment that substantially limits a major life activity such as hearing, seeing, speaking, breathing, performing manual tasks, walking, caring for oneself, learning, thinking or working; has a record of such an impairment; or is regarded as having such an impairment.)</i>	
<input type="checkbox"/> <b>White (Not of Hispanic/Latino Origin)</b> <i>A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</i>			
<input type="checkbox"/> <b>Other Please Specify:</b>			
<input type="checkbox"/> I do not wish to self identify			
Do you require special testing conditions to accommodate a disability?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, what special accommodation is needed? (Be specific)			
<b>How did you learn about this job? (Please check one source)</b>			
<input type="checkbox"/> Advertisement Specify source:	<input type="checkbox"/> Agency Specify:	<input type="checkbox"/> Job Fair/Open house	
<input type="checkbox"/> Job Line	<input type="checkbox"/> Employee	<input type="checkbox"/> Phone Inquiry	
<input type="checkbox"/> Job Posting	<input type="checkbox"/> College/Campus recruitment	<input type="checkbox"/> Walk in	
		<input type="checkbox"/> Other (specify)	