



EMPLOYMENT OPPORTUNITY

The City of Anamosa, Iowa is seeking a Deputy City Clerk.

The Deputy City Clerk must be organized, reliable, team-oriented, proficient at multi-tasking, familiar with benefits administration, and capable of performing a wide variety of administrative/clerical duties.

City of Anamosa
107 S. Ford Street
Anamosa, IA52205
Office: 319-462-6055
Fax: 319-462-6081

Web: www.anamosa-iowa.org

DEPUTY CITY CLERK

The City of Anamosa (pop. 5,450) is seeking a Deputy City Clerk.

The Deputy City Clerk must be organized, reliable, team-oriented, proficient at multi-tasking, familiar with benefits administration, and capable of performing a wide variety of administrative/clerical duties.

Anamosa operates under a Mayor-Council form of government with an appointed City Administrator. Anamosa is a full government service community with 7 departments including City Hall, Police, Fire, Streets, Utilities (Water & Wastewater), Library, and Parks & Recreation.

Under the direct supervision of the City Administrator, the Deputy City Clerk is primarily responsible for processing and maintaining employee payroll/benefits, handling licenses and permits, performing clerical duties associated with the Planning and Zoning Commission and Zoning Board of Adjustment, maintaining cemetery operations and records, and assisting other personnel with general clerical duties.

Required Qualifications:

- High school diploma or equivalency
- Post high school education in human resources, accounting, finance, or related field.
- Two (2) years of related employment experience in a similar position.
- Knowledge of human resources, bookkeeping, accounting, and auditing.
- Proficient experience in office procedures and practices.
- US Citizen.
- Valid Iowa Driver's License (at the time of appointment).
- Shall be bondable.

Starting salary for this position \$44,600 - \$49,600, DOQ/DOE

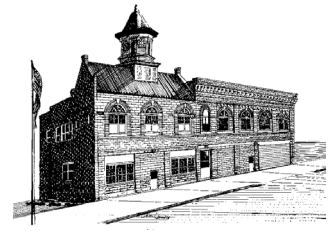
To apply for this position, please submit a cover letter, resume, and City of Anamosa application to City Hall or via email to anamosa.employment@gmail.com

Posting Closes November 28, 2023

For additional information please contact
Jeremiah Hoyt, City Administrator
Email: jeremiah.hoyt@anamosa-ia.org
Phone: (319)462-6055

City of Anamosa

Application for Employment



(PLEASE PRINT)

Qualified applicants are considered for all positions without regard to race, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or hardship.

Date of Application: _____

Position(s) Applying For: _____

Referral Source: Advertisement Friend Relative Employment Agency Other

Name _____
Last First Middle

Address _____
Number Street City State Zip Code

Phone Number (____) _____ Social Security Number _____
area code

Have you filed an application here before? Yes No Date _____

Have you ever been employed here before? Yes No Date _____

Are you currently employed? Yes No

Are you a citizen of the United States? Yes No If not, do you possess an Alien Registration Card? Yes No

If not, do you possess an Alien Registration Card? Yes No If yes, give Registration Number _____

Are you available to work? Full Time Part Time Temporary Regular

Are you on lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do any of your friends or relatives, other than your spouse, work for the City of Anamosa? Yes No

If yes, list name(s) _____

Have you been convicted of a misdemeanor or felony within the last 7 years? Yes No

If yes, please explain _____

Have you ever been convicted of a moving traffic violation in the last 3 years? Yes No

If yes, please explain _____

Employment Experience

List each job held. Start with your Present or Last job. Include military service assignments and volunteer activities.

Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hrly. Rate/Salary		
	Start	Final	
Supervisor			
Reason for Leaving			
Employer	Dates		
	From	To	
Address			
Job Title	Hrly. Rate/Salary		
	Start	Final	
Supervisor			
Reason for Leaving			
Employer	Dates		
	From	To	
Address			
Job Title	Hrly. Rate/Salary		
	Start	Final	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Give name, address and phone number of three references not related to you.

1. _____

2. _____

3. _____

Military

Are you a veteran of the U.S. military service? Yes No

If yes, what was your Branch of U.S. military service? _____

Education

	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities.				

Honors Received: _____

Summarize your office experience. List specific duties and responsibilities. List finance experience and also computer office software that you have had training and/or experience using (i.e. Excel, Word, Powerpoint, etc.). Outline tasks that you performed using the various software. Explain office experience that you have had dealing with filing, organizing, and contact with the public. If necessary use the back side of this page.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

_____ PC	_____ MS Office Professional	_____ MS Outlook
_____ Excel_	_____ Word	_____ Access
_____ Power Point	_____ Calculator	_____ Fax
_____ Email	_____ Internet	

State any additional information you feel may be helpful to us in considering your application.

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 Anamosa, whether the said records are of a public, private or confidential nature, including criminal histories. The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings) and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Anamosa. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the City of Anamosa from any and all liability which may be incurred as a result of collecting such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL AND PHYSICAL EVALUATION) ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

A photocopy and/or fax of this release form will be valid as an original thereof, even though the said photocopy/fax does not contain an original writing of my signature.

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

Signature of applicant:

Date:

The City of Anamosa is an equal opportunity employer.



Iowa Division of Criminal Investigation Criminal History Record Check Request Form



DCI Account number (if applicable)

REQUESTOR INFORMATION PLEASE WRITE CLEARLY

Name (business or individual)

Mailing address (street/PO Box, city, state, zip code)

Phone number

Fax number

Email address

I would like the results sent to me by: Mail Fax Email

I am required to have the results notarized: Yes No *for specific requirements in another country only.

SUBJECT OF REQUEST INFORMATION. Please provide all required demographic information on the form or it will be returned. Multiple names require a separate Request Form and fee.

LAST NAME (required)

FIRST NAME (required)

MIDDLE NAME (recommended)

DATE OF BIRTH (required)

GENDER M, F or Other (required)

SOCIAL SECURITY NUMBER (recommended)

RELEASE AUTHORIZATION INFORMATION: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request. This form (DCI-77) is the only approved release authorization form for this purpose.

This response only includes public criminal history data. Under Iowa law, most juvenile records are confidential. Confidential juvenile court records cannot be included in this response. A signed release authorization is not sufficient to obtain this information from the DCI. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code 232.147(18) through the Clerk of Court. Criminal history data concerning convictions for certain juvenile sex offenses can be found online through the the Iowa Sex Offender Registry (SOR). Even though some information is available online through the SOR, the actual records for juveniles may still be confidential and cannot be provided. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code section 232.147(18) through the Clerk of Court.

RELEASE AUTHORIZATION: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions. I understand the signature below certifies the information provided is true and accurate. Furthermore, I understand this is an official statement and record. Any false statement(s) made in this record may result in further action.

RELEASE AUTHORIZATION SIGNATURE

FOR DCI USE ONLY

As of a search of the information provided revealed:

NO IOWA CRIMINAL HISTORY RECORD FOUND WITH DCI

AN IOWA CRIMINAL HISTORY RECORD WAS FOUND. A COPY OF THE RECORD IS INCLUDED - DCI#

Processed by

SUBMIT THE REQUEST/BILLING FORM(S) AND FEE(S) BY ONE OF THE FOLLOWING METHODS:

ADDRESS: Iowa Division of Criminal Investigation
Support Operations Bureau
Dissemination Unit
215 E 7th St
Des Moines IA 50319

FAX: 515-725-6080

EMAIL: dcirecordchecks@dps.state.ia.us

QUESTIONS: dcirecordchecks@dps.state.ia.us