

ICMA Application For Employment

About ICMA

ICMA, the International City/County Management Association, advances professional local government worldwide. Our mission is to create excellence in local governance by developing and fostering professional management to build sustainable communities that improve people's lives. ICMA provides member support; publications; data and information; peer and results-oriented assistance; and training and professional development to 10,000+ city, town, and county experts and other individuals and organizations throughout the world. The management decisions made by ICMA's members affect millions of individuals living in thousands of communities, from small villages and towns to large metropolitan areas.

All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability or veteran status. **ICMA IS AN EQUAL OPPORTUNITY EMPLOYER.**

Office Use Only

Position Is Open: ☐ Yes ☐ No

Position(s) Considered For: _____

Date: _____

Arrange Interview: ☐ Yes ☐ No

Remarks: _____

Interviewer: _____

Interview Date: _____

Employed: ☐ Yes ☐ No

Date of Employment: _____

Job Title: _____

Salary: _____

Team Leader: _____

Please print

Position(s) Applied For

Date of Application

How Did You Learn About Us?

- ☐ Advertisement ☐ Relative ☐ Inquiry
☐ Employment Agency ☐ Friend ☐ Other: _____

Personal Information

Last Name First Name Middle Name Suffix

Street Address/PO Box

City State ZIP

Home Phone Mobile Phone E-mail Social Security Number

Best time to contact you: _____ Preferred phone number to contact you: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever applied at ICMA before? (If yes, give date: _____). ☐ Yes ☐ No

Have you ever been employed by ICMA? (If yes, give date: _____) ☐ Yes ☐ No

Do any of your friends or relatives, other than spouse, work here? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of visa or immigration status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment

Date available for work: _____ What is your desired salary range? _____

Are you available to work: ☐ Full-Time ☐ Part-Time ☐ Temporary (dates available): _____

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

Education

High School

Name and address of school: _____

Course of study: _____

Years attended: _____ — _____ Diploma/Degree: _____

Undergraduate College

Name and address of school: _____

Course of study: _____

Years attended: _____ — _____ Diploma/Degree: _____

Graduate Professional

Name and address of school: _____

Course of study: _____

Years attended: _____ — _____ Diploma/Degree: _____

Other (Specify)

Name and address of school: _____

Course of study: _____

Years attended: _____ — _____ Diploma/Degree: _____

Describe any specialized training you have had, apprenticeship you have served, or skills you have acquired.

Describe any job-related training received in the United States military.

Employment Experience

You must complete this section, even when submitting a résumé.

Start with your present or last job. Include any job-related military assignments and volunteer activities. You may exclude any organizations that indicate race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability or veteran status.

Employer name and address: _____
Phone: _____ Job Title: _____ Supervisor: _____
Dates Employed: _____ — _____ Reason for Leaving: _____
Work Performed: _____

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Dates Employed: _____ — _____ Reason for Leaving: _____
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Dates Employed: _____ — _____ Reason for Leaving: _____
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Employer name and address: _____
Phone: _____ Job Title: _____ Supervisor: _____
Dates Employed: _____ — _____ Reason for Leaving: _____
Work Performed: _____

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

List professional, trade, business or civic activities and offices held.

You may exclude any organizations that indicate race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability or veteran status.

Additional Information

Other Qualifications

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

Specialized Skills

Check all that apply:

- ☐ PC
- ☐ Mac
- ☐ Database
- ☐ Web content management
- ☐ Microsoft Excel
- ☐ Microsoft Word
- ☐ Microsoft PowerPoint

Other: _____

List any specialized equipment operated: _____

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

Note to applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

The job description summarizes the activities required for the available position. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the essential job functions that have been described for the job occupation for which you are applying?

- ☐ Yes
- ☐ No

References

Name: _____ Phone: _____

Email Address: _____

Name: _____ Phone: _____

Email Address: _____

Name: _____ Phone: _____

Email Address: _____

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

Signature of Applicant

Date

If you are planning on submitting this form via e-mail, please save this PDF file with your name, date, and ".app" —for example, john_smith-nov07-app.pdf—before sending it in.

Please note that this office also needs to receive a hard copy of the application with your signature. This may be mailed separately, or you may bring it with you if you are called for an interview. No offer of employment will be made in the absence of a signed application.

Notice to All Applicants and Employees

In accordance with Executive Order 11246, the Vietnam Era Veterans Readjustment Assistance Act of 1974 and Section 503 of the Rehabilitation Act of 1973 and other applicable federal laws and regulations, ICMA has established written affirmative action plans ("Plan").

Accordingly, ICMA seeks to promote equal opportunity and affirmative action for women, minorities, qualified individuals with disabilities and covered, protected veterans and takes special affirmative action to employ and advance in employment all such covered individuals at all levels of employment, including the executive level.

These Plans are available for inspection (may be absent the data metrics required by § 60-300.44(k)) Monday through Friday between the hours of 9:00 a.m. to 5:00 p.m.

Any applicant or employee who needs reasonable accommodation to review this notice or the Plan may contact the Human Resources Director.



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