

The City of Grand Mound 615 Sunnyside Street; P.O. Box 206 Grand Mound, IA 52751 1-563-847-2190 <u>gmcity@gmtel.net</u> www.cityofgrandmound.org

# **APPLICATION FOR EMPLOYMENT**

We are an Equal Opportunity Employer and committed to excellence through diversity Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

# **Personal Information**

Address:	City	State	_Zip
Phone Number:	E-mail Address:		
Are you legally eligible to wo	rk in the United States?	Yes	No
Are you able to perform the e	ssential functions of the position?	Yes	No
The minimum age for this pos	sition is 18. Do you meet that requirement?	Yes	No
Are you a Veteran?		Yes	No
If selected for employment ar	e you willing to submit to a background ch	eck? Yes	No
If selected for employment ar	e you willing to complete a physical?	Yes	No
If selected for employment ar	e you willing to complete a drug screen?	Yes	No
If selected for employment ar	e you willing to		
complete a motor vehicle reco	ord check?	Yes	No

## Position

Position you are applying for:		
Available start date://_		
Desired pay: \$		
Employment desired: Full time	Part time	Seasonal/Temporary

Are you available to be on call, for City related emergencies, including but not limited to; water main breaks, lift station pump by-passing, snow plowing, or other areas as deemed necessary by the Mayor and or Council? Yes No

# **Education/Training/Certifications**

School Name	Location	Years attended	Degree Received	Major
1)				
2)				
3)				
4)				

#### References

Name	Title	Company	Phone	
1)				
2)				
3)				
4)				

### **Employment History**

Employer 1: Work Phone: Address, City, State, Zip:	Job Title: Starting Pay rate:	Dates Employed:/ Ending Pay rate:	/ <u> </u>
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## Licensing, Skills or Experience relevant to the Public Works Employee position:

## **Signature Disclaimer**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Printed Name: \_\_\_\_\_ Date: \_\_/ \_\_\_ Signature: \_\_\_\_\_