



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

APPLICATION FOR EMPLOYMENT

The City of Grand Mound is 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. Thank you!

Personal Information

Name: _____

Address/City/State/Zip: _____

Phone Number: _____ Email Address: _____

Are you legally eligible to work in the United States? Yes ___ No ___

Are you able to perform the essential functions of the position? Yes ___ No ___

The minimum age for this position is 18. Do you meet that requirement? Yes ___ No ___

Are you a Veteran? Yes ___ No ___

If selected for employment, are you willing to submit to a background check? Yes ___ No ___

If selected for employment, are you willing to complete a physical? Yes ___ No ___

If selected for employment, are you willing to complete a drug screen? Yes ___ No ___

If selected for employment, are you willing to complete a motor vehicle records check? Yes ___
No ___

Position

Position you are apply for: _____

Available start date: _____

Desired pay rate: _____

Employment desired: Full time ___ Part Time ___ Seasonal/Temporary Part Time ___

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: _____

References:

Name/Phone/Email/Relationship: _____

Name/Phone/Email/Relationship: _____

Name/Phone/Email/Relationship: _____

Employment history:

Employer: _____

Job Title: _____

Dates Employed: _____

Phone Number: _____

Address, City, State, Zip: _____

Employer: _____

Job Title: _____

Dates Employed: _____

Phone Number: _____

Address, City, State, Zip: _____

Employer: _____

Job Title: _____

Dates Employed: _____

Phone Number: _____

Address, City, State, Zip: _____

Licensing, skills, or experience relevant to the position you are applying for:

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: _____

Dated: _____

Signature: _____