

City of Griswold

601 2nd St. PO BOX 760
GRISWOLD, IOWA 51535
PHONE: (712) 778 - 2615
FAX: (712) 778 - 2619

APPLICATION FOR EMPLOYMENT

It is the policy of the City of Griswold to be committed to equal employment opportunity for everyone, including applicants for employment, regardless of their age, sex, color, race, creed, national origin, religious persuasion, opinion, or affiliation, political persuasion, opinion, or affiliation, marital status, military/veteran status, disability/handicap that does not prohibit performance of essential job functions, sexual orientation, or any other classifications covered by relevant laws and regulations.

INSTRUCTIONS

- Complete all relevant information on this application, even if a resume is submitted.
- Please let us know if you need an accommodation as we provide reasonable accommodations to known disabilities of applicants.
- All relevant information and the applicant's signature must be provided on this form to be considered for employment.
- This application shall be active for a period of 6 months.
- Please PRINT and sign this form; then deliver, mail or fax to: City of Griswold, PO Box 760, Griswold, IA 51535. Fax: 712-778-2619

Date: _____

PERSONAL INFORMATION

Name: _____
Last First Middle

Current Address: _____ Apt. No. _____

City, State, ZIP: _____

Home Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____

Email: _____ Social Security Number: _____ - _____ - _____

Are you over age 18? Yes No

EMPLOYMENT DESIRED

Position Applied for: _____

How did you learn about the position? _____

Date you can start: _____ Salary or Wage required: _____

Are you currently employed? Yes No

If yes, may we contact your current employer? Yes No

What type of employment are you seeking? Full-time Part-time Seasonal/Temporary

What hours are you available to work? M _____ Tu _____ W _____
Th _____ F _____ Sa _____ Su _____

EDUCATION/TRAINING

Highest grad completed: _____	College: _____
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RECORD OF EDUCATION

Dates Attended	Major or Degree Attained	School Name & Address

SPECIAL SKILLS AND QUALIFICATIONS

Typing Speed (WPM)/Office Experience: _____

Computer Applications: _____

Do you have a: valid driver's license Yes No

valid chauffeur's license Yes No If yes, indicate type: _____

Other Licenses/Trades (type and number): _____

Professional Affiliations: _____

EMPLOYMENT EXPERIENCE

Start with your present or most recent job and list prior employers. If you have been employed for more than 10 years, please provide a minimum of 10 years of employment history. Include military service, job-related volunteer activities, and periods of unemployment. Please attach an additional sheet if there is not enough space below.

Current or Most Recent

Position Title _____ Employment Dates _____ to _____

Employer _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Direct Supervisor _____ May we contact for a reference check Yes No

Compensation _____ Hours Per Week _____ # of employees supervised _____

Primary Job Duties _____

Reason for wanting to leave _____

Position Title _____ Employment Dates _____ to _____

Employer _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Direct Supervisor _____ May we contact for a reference check Yes No

Compensation _____ Hours Per Week _____ # of employees supervised _____

Primary Job Duties _____

Reason for wanting to leave _____

Position Title _____ Employment Dates _____ to _____

Employer _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Direct Supervisor _____ May we contact for a reference check Yes No

Compensation _____ Hours Per Week _____ # of employees supervised _____

Primary Job Duties _____

Reason for wanting to leave _____

BACKGROUND INFORMATION

Have you ever been employed by the City of Griswold? Yes No

If yes, where, when _____

Do you have any relative(s) currently working for the City of Griswold? Yes No

Name & Position: _____

Are you a veteran of the US military service? Yes No

Have you ever been charged with a criminal violation? Yes No

If yes, please explain, including dates, location of incident: _____

PROFESSIONAL REFERENCES

Please provide the names of three persons not related to you, who are familiar with your work.

Name	Company	Relationship	Years Acquainted

PRE-EMPLOYMENT STATEMENT

(Please read very carefully before signing below)

I understand and voluntarily agree that the information provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any material fact in my application, resume or other materials, or during any interviews, can be justification for refusal of employment, or termination, if employed.

Any offer of employment I may receive from the City of Griswold is contingent upon my successful completion of the pre-employment screening process, including receiving references that the City considers satisfactory. I understand that as a condition of continued employment, I may be required to submit to an alcohol or drug screening at any time at the discretion of the City of Griswold.

I give my permission for the City to verify all information provided by me, and/or to obtain or have prepared an investigative consumer report for this purpose. This report may include, but not be limited to, my prior employment and/or military record, education, character, general reputation, personal characteristics, criminal record and mode of living. I understand that upon written request to the City, I will be informed of whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.

I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record. This information may include the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. I release them from all liability for damages arising from furnishing the requested information.

In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the City. I understand that the City or I with or without cause or notice can terminate my employment, at any time. I further understand that no one, other than the City Council as a body, has any authority to enter into an agreement with me for employment for any specified time or to make an agreement different from or contrary to any City policy.

Signature: _____

Date: _____