

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

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** Name: Address: \_\_\_\_ City \_\_\_ State \_\_\_ Phone Number: \_\_\_ E-mail Address: Zip \_\_\_ Are you legally eligible to work in the United States? 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 mvr check? Yes No **Position** Postion you are applying for: Available start date: /\_\_/\_\_\_ Desired pay: \$ Employment desired: Full time Part time Seasonal/Temporary Are you available to be on call with a City provided cell phone, 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 Tit	le Company	Phone	
1)			
2)			
3)			
4)			
<b>Employment History</b>			
Employer 1:	Job Title:	Dates Employed:	/ /
	Starting Pay rate:		
Employer 1	Job Title:	Dates Employed	/ /
Work Phone:	Starting Pay rate:	Ending Powerster	/
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Employer 1:	Job Title:	Dates Employed:	/
	Starting Pay rate:		
Address, City, State, Zip:			
Signature Disclaimer			
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Printed Name:	Date:/	/ Signature:	