



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 _____ Zip _____

Phone Number: _____ E-mail 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 record 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 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
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- 1)
- 2)
- 3)
- 4)

References

Name _____ Title _____ Company _____ Phone _____

- 1)
- 2)
- 3)
- 4)

Employment History

Employer 1: _____ Job Title: _____ Dates Employed: ___ / ___ / ___
Work Phone: _____ Starting Pay rate: _____ Ending Pay rate: _____
Address, City, State, Zip: _____

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Work Phone: _____ Starting Pay rate: _____ Ending Pay rate: _____
Address, City, State, Zip: _____

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: _____