

Grinnell Fire Department

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, sexual orientation, marital or veterans' status, the presence of a non-job-related medical condition, disability or any other legally protected status.

Grinnell Fire Department
1020 Spring Street
Grinnell, Iowa 50112



Must be submitted by 4 PM, October 12th 2023.

Position(s) applied for Firefighter	Date of Application
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Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number				

Have you ever filed an application with us before? Yes No
If yes, give a date

Have you ever been employed with us before? Yes No
If yes, give date

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration status? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever been convicted of a felony within the last 7 years
If yes please explain. Yes No

On what date would you be available to start work?

Are you available to work: Full Time Part Time Shift Work Temporary

Have you received a copy of the job description for the position
for which you are applying? Yes No

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

Personal History

Name:

Last	First	Middle
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Social Security Number:

Date of Birth:

Place of Birth (city state):

List any and all other names you have, including nicknames, maiden name, previous surnames, etc..

Residences

Present residence address (Street, City, State, zip)

Telephone – Home:

Work

Mailing Address if different:

Past residences: List chronologically all of your residences in the past ten (10) years (include addresses while attending school if away from home, and all military addresses including any off-military base).

Dates		Apt #	Street Address	City	State
From	TO				
<hr/>					
Dates		Apt #	Street Address	City	State
From	TO				
<hr/>					
Dates		Apt #	Street Address	City	State
From	TO				
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Dates		Apt #	Street Address	City	State
From	TO				
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Continue on next page as needed:					

Dates					
From	TO				
		Apt #	Street Address	City	State
Dates					
From	TO				
		Apt #	Street Address	City	State

Education

	Elementary Education	High School	Undergraduate College/University	Graduate/ Professional
School Name and location				
Years completed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4 5 6 7 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 10 11 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4
Diploma / degree				
Course of study				

Were you ever dismissed from a school, or was any disciplinary action ever taken against you during your scholastic career?

NO Yes

School Date Type of Action

List awards, honors, citations, positions held in school organizations, athletic endeavors, and any other special recognition you received while attending school.

List any special abilities, interests, sports or hobbies with degree proficiency.

Indicate your proficiency in each foreign language listed as "slight", "good"

Name of language	Speak	Understand	Read	Write

Are you an Emergency Medical Technician? NO YES

Certification number: Iowa _____ National _____ Other _____

Are you a Paramedic? NO YES

Certification number: Iowa _____ National _____ Other _____

Are you certified as a Firefighter I? NO YES

Date: _____ States: _____

Are you certified as Firefighter II? NO YES

Date: _____ States: _____

Are you a licensed driver? NO YES States? _____ License # _____

List any specialized vocational or unique training or experiences you feel may assist you in the position that you applied for:

Indicate type of special license such as CDL, pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires

List any other fire or EMS certification held:

Court Record

Have you ever been arrested or charged with any violation of law? NO YES

Explain:

Have you ever been convicted of a violation of law? NO YES

List traffic citations:

Organization Membership

List all clubs, societies and other organizations of which you are or have been a member

Date	Name of Organization	Place	Position Held

Military Record

Were you ever a member of the armed forces of the USA NO YES

If Yes: Branch:

Serial Number:

Dates of active duty:

Highest rank obtained:

Training and Job:

Was any disciplinary action taken against you while in the service? NO YES

Employment History

Start with your present or last job. Include any related military service assignments and volunteer activities. You must exclude organizations which indicate race, color, religion, gender, national origin, disability or other protected status.

Employer:
Employer Address:
Employer Telephone Address:
Dates employed:
Starting salary:
Ending Salary:
Job title:
Supervisors name:
Worked performed:
Reason for Leaving:

Employer:
Employer Address:
Employer Telephone Address:
Dates employed:
Starting salary:
Ending Salary:
Job title:
Supervisors name:
Worked performed:
Reason for Leaving:

Employer:
Employer Address:
Employer Telephone Address:
Dates employed:
Starting salary:
Ending Salary:
Job title:
Supervisors name:
Worked performed:
Reason for Leaving:

References

Give three references (not relatives, former employees, fellow employees or schoolteachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women including your family physician, if you have one, who you have known for at least five years.

Complete name:	Occupation
Age/sex:	Number of years acquainted:
Home Address:	Business Address:
Telephone:	Telephone:

Complete name:	Occupation
Age/sex:	Number of years acquainted:
Home Address:	Business Address:
Telephone:	Telephone:

Complete name:	Occupation
Age/sex:	Number of years acquainted:
Home Address:	Business Address:
Telephone:	Telephone:

Give three social acquaintances in your own age group including both sexes

Complete name:	Occupation
Age/sex:	Number of years acquainted:
Home Address:	Business Address:
Telephone:	Telephone:

Complete name:	Occupation
Age/sex:	Number of years acquainted:
Home Address:	Business Address:
Telephone:	Telephone:

Complete name:	Occupation
Age/sex:	Number of years acquainted:
Home Address:	Business Address:
Telephone:	Telephone:

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being received at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time without cause. It is further understood that this "at Will" employment relationship may not be changed by written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____

CITY OF GRINNELL, IOWA

CONDITION OF EMPLOYMENT AGREEMENT

I, _____, acknowledge that by accepting employment with the City of Grinnell, Iowa, I am agreeing to the following condition of employment:

From my date of hire, I will not smoke, chew or use any tobacco product(s) on or off duty during the entire tenure of my employment; if I do smoke, chew or use any tobacco product(s) at any time on or off duty, during the entire tenure of my employment, I will be subject to dismissal for cause. I understand this condition, agree to it, and accept such condition of employment and continued employment with the City of Grinnell, Iowa.

Signature/Date

State of Iowa)

) ss

_____ County)

Subscribed and sworn to before me by _____

on this _____ day of _____, 20____.

Notary Public for _____ County, Iowa

Use (smoking, chewing etc) of any tobacco product is a prohibited condition of employment. This applies at any time both on and off duty during the entire tenure of employment. Tobacco users need not apply.

Authorization for release of personal information

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Police and/or Fire Department, City of Grinnell Iowa, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions: financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and or ratings) and other financial statements of records whenever filed: medical and psychiatric treatment and or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration: employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me: and the recollections of attorneys at law or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my stability for employment by the Fire Department, City of Grinnell, Iowa. I also certify that any person(s) who may furnish such information in good faith concerning me shall not be held accountable for giving this information: and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Police and/or Fire Department, City of Grinnell, Iowa from any and all liability which may be incurred as a result of collection of such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL AND PHYSICAL EVALUATION) ARE COMPLETE, TRUE AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PORVIDING FALSE, MISLEADING AND OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

A photocopy and or fax of this release form will be valid as original thereof, even though the said photocopy fax does not contain the original writing of my signature.

I have read and fully understand the contents of the "Authorization for release of personal information"

Signature of Applicant

Date

City Policy on Employment of Relatives

Policy

No individual shall be an applicant for a position in a department or be employed by a department of the city if a family relationship will be created by such employment.

No employee shall be promoted or transferred into a department if a family relationship is created by such a promotion or transfer.

If a family relationship is created by the marriage or cohabitation of two employees, the two employees will be given the option of deciding who will transfer, if possible, or who will terminate employment. If the decision cannot be made by the two employees, department seniority shall be the deciding factor and the least senior shall be terminated. If a family relationship is created by marriage between an employee and non-employee, the employee who became married must transfer, if possible or terminate employment.

Each applicant for employment and each employee seeking a promotion or transfer shall certify in writing prior to their employment, promotion or transfer, a list of all family members employed by the city of Grinnell on the date of certification.

Family members are defined as mother, father, brother, sister, spouse (including cohabitating couples), children, aunts, uncles, nieces, nephews, first cousins, mother-in-law, father-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepbrother, stepchild, half-brother, half-sister, grandparent, grandchild, and legal guardian. Relationships created by adoption and included.

Applicant shall list all family members employed by the city. (if none, write none in the space below)

- 1.
- 2.
- 3.
- 4.
- 5.

Applicant signature

Date

Military Service

Chapter 35C.1 of the Code of Iowa requires that this application form shall contain a request for applicant's military service during the wars or armed conflicts as specified:

1. Vietnam Conflict: August 5, 1964, through May 7, 1975.
2. Lebanon or Grenada service from August 2, 1982, through July 31, 1984.
3. Panama service from December 20, 1989, through January 31, 1990.
4. Persian Gulf Conflict: August 2, 1990 (or as set by Congress) and ending on the date specified by the president of congress of the United States as the date of permanent cessation of hostilities.

Please state if you have been honorably discharged from the military or naval forces of the United States in any war or conflict as stated above:

Applicants Signature

Date

City of Grinnell
Fire Department
Physical Agility & Performance Test

In consideration of being permitted to participate in the physical agility test for the Grinnell Fire Department, I _____ the undersigned, for myself, successors, heirs and assigns, release and forever discharge the City of Grinnell, its agents, employees, servants, officer and directors from all demands and actions and judgments that I may have or claim to have against the City of Grinnell for all personal injuries, including death, and injuries to property, real or personal, caused by or arising out of the physical agility test.

I further agree for myself, successors, heirs and assigns to indemnify and hold the City of Grinnell harmless from all claims and suits for personal injury, including death and damages to property caused by my act or omission arising out of the physical agility test and from all judgments recovered and from all expenses incurred in defending said claims or suits.

I certify that I have prepared myself for this event and that I am in adequate physical condition to complete this event.

I have read the foregoing release and understand its content and meaning.

Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview Yes No

Date of Employment: _____

Job Title: _____

Hourly rate/salary: _____

Department: _____

By: _____
Name/ title Date

Notes:



STATE OF IOWA

Criminal History Record Check Request Form



DCI Account Number: _____
(if applicable)

Mail or Fax completed forms to:

Iowa Division of Criminal Investigation
Support Operations Bureau, 1st Floor
215 E. 7th Street
Des Moines, Iowa 50319
(515) 725-6066
(515) 725-6080 Fax

Send results to:

Name _____
Address _____

Phone _____
Fax _____

I am requesting an Iowa Criminal History Record Check on:

Last Name (mandatory)	First Name (mandatory)	Middle Name (recommended)
Date of Birth (mandatory)	Gender (mandatory)	Social Security Number (recommended)
	<input type="checkbox"/> Male <input type="checkbox"/> Female	

Release Authorization: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request.

*****This form (DCI-77) is the only approved release authorization form for this purpose.*****

Release Authorization: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions.

Release Authorization Signature: _____

Iowa Criminal History Record Check Results

(DCI use only)

As of _____, a search of the provided name and date of birth revealed:

- No Iowa Criminal History Record found with DCI
- Iowa Criminal History Record attached, DCI # _____

DCI initials _____

Release Authorization Information:

Iowa law does *not* require a release authorization. However, without a signed release authorization from the subject of the request any arrest over 18 months old, *without* a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed release authorization from the subject of the request.

If the "No Iowa Criminal History Record found with DCI" box is checked, it could mean that the information on file is not releasable per Iowa law without a signed release authorization.

General Information:

The information requested is based on *name* and *exact date of birth only*. Without fingerprints, a *positive* identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) *only*. The DCI files do not include other states' records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a *deferred judgment is not* generally considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A *deferred sentence is* a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:00 p.m., Monday - Friday.

REMINDER - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees' record checks.