Application For Employment

City of Grinnell
520 4th Avenue
Grinnell, Iowa 50112

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

(PLEASE PRINT or TYPE)

Position(s) applied for	***Date of Application***

Last Name	***First Name***	***Middle Name***		
Address		***City***	***State***	***Zip Code***
Telephone Number(s)		***E-mail Address***		

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No
If Yes, give 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
Proof of citizenship or immigration status will be required upon employment

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

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain. _____

On What Date would you be available for work? _____

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

Will you need any special accommodation to perform these duties? ☐ Yes ☐ No

Education

	Elementary School	*High School*	*Undergraduate College/University*	*Graduate/ Professional*
School Name and Location				
Diploma/Degree	*Yes ◯ No ◯ If No list highest year completed:*	*Yes ◯ No ◯ If No list highest year completed:*	*Yes ◯ No ◯ If No list highest year completed:*	*Yes ◯ No ◯ If No list highest year completed:*
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities.				
Describe any honors you have received.				
State any additional information you feel may be helpful to us in considering your application.				

List Professional, Trade, Business, Military or Civic activities and offices held.
You may exclude memberships which would reveal sex, race, national origin, age, ancestry, disability, or other protected status.

Job Description

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

2. Are you able to perform the essential functions of the job, as described by the job description? ☐ Yes ☐ No

Employment Experience

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

Employer		*Dates Employed*	
Address		*Starting Salary*	*Ending Salary*
Telephone Number(s)		*Work Performed*	
Job Title	*Supervisor*		
Reason for Leaving			
Employer		*Dates Employed*	
Address		*Starting Salary*	*Ending Salary*
Telephone Number(s)		*Work Performed*	
Job Title	*Supervisor*		
Reason for Leaving			
Employer		*Dates Employed*	
Address		*Starting Salary*	*Ending Salary*
Telephone Number(s)		*Work Performed*	
Job Title	*Supervisor*		
Reason for Leaving			
Employer		*Dates Employed*	
Address		*Starting Salary*	*Ending Salary*
Telephone Number(s)		*Work Performed*	
Job Title	*Supervisor*		
Reason for Leaving			

List any specific, skills experience, education, and other job related requirements you may have.

References

List three references who are not related to you and are not previous employers.

Name	*Address*	*Phone #*

Referred By:

Applicant's Statement

I certify that 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 herby 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 my discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any 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(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant ***Date***

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview _ Yes _____ No Employed ___Yes ____ No

Date of Employment_____ Job Title

Hourly Rate/Salary _____ Department

By

Name and Title Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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 will be 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 employee shall be transferred, if possible; otherwise, the least senior shall be terminated. If a family relationship is created by marriage between an employee and a 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 Member(s)" 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, stepsister, stepchild, half-brother, half-sister, grandparent, grandchild, and legal guardian. Relationships created by adoption are included.)

APPLICANT SHALL LIST ALL FAMILY MEMBERS EMPLOYED BY THE CITY: (IF NONE, WRITE NONE IN SPACE BELOW)

Signature of Applicant Date

Military Service

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

World War II: December 7. 1941 through December 31, 1946
Korean Conflict: June 25, 1950 through January 31, 1955
Vietnam Conflict: August 5, 1964 through May *7,* 1975
Persian Gulf Conflict: August 2, 1990 and ending on the date specified by the president or the 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:

Applicant's Name Date:

Save Completed Application and e-mail to:smealey@grinnelliowa.gov
Or print and mail or fax to: City of Grinnell
520 4th Ave
Grinnell IA 50112
Fax: 641-236-2626