



210 East Broadway Street  
PO Box 165  
Eagle Grove, Iowa 50533

Phone (515) 448-4343  
Fax (515) 448-3761  
eaglegroveiowa.org

## Employment Application Release Form

### TO THE APPLICANT:

The information requested on this questionnaire is for the use of the City of Eagle Grove,

to assist in the determination of your suitability for the position of \_\_\_\_\_.

All questions must be answered completely. Any intentional omission or alteration of facts can be grounds for dismissal if hired, or removal from further consideration.

By your signature hereon, you grant all rights to the City of Eagle Grove, or the designated agents thereof, to fully investigate all information provided by you on this questionnaire. This shall include, but not limited to, contacting selected or all persons named by you on this questionnaire and inquire as to your character, work performance, personality, and other considerations deemed necessary by the City of Eagle Grove.

Also, by your signature hereon, you waive the right to review any, and all information gathered in the course of the investigation as well as release the City of Eagle Grove, its designated agents, and all persons connected with the investigation, from all liability, which may be brought about by said investigation.

I, \_\_\_\_\_, am a candidate for the position of

\_\_\_\_\_ with the City of Eagle Grove. I certify that I have read and fully understand the above statement and its complete content and agree to all conditions.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## JOB APPLICATION

Please answer **ALL** questions. Print or write carefully. **If you provide false, inaccurate, or incomplete information in this application form or in any interview or in you fail to disclose information requested in this application form or in any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.**

### Personal Information

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Last Name	First Name	Middle Name
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Street Address	City	State	Zip Code
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Phone #	Cell/Other #	Social Security #
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Position(s) applied for: \_\_\_\_\_

Date available to start work: \_\_\_\_\_

Are you willing to relocate if job requires it? \_\_\_\_\_

Are you 18 or older? \_\_\_\_ Are you legally eligible to work in the U.S.? \_\_\_\_

If you are a military veteran, please provide information regarding your military service:

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The City is an equal Opportunity employer and does not discriminate against any employee or applicant for employment on the basis of age, race, religion, creed, color, sex, national origin or disability.

Note: If you have a physical or mental disability and you believe that an accommodation may be necessary in order for you to complete this application, please state the kind of accommodations which you believe is appropriate:

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### Education

Education Type	School Information	No. Of Years Completed	Degree, Major, or Type of Course
High School	Name:		
	Address:		
College/University	Name:		
	Address:		
Trade, Bus. Night or Corres.	Name:		
	Address:		

**Skills and Qualifications:** Please list any special training, skills, licenses, certificates or other qualifications that may qualify you to perform job-related functions for the position you are applying.

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## Employment History

Have you previously applied for employment with the City: \_\_\_\_\_

If yes, when and under what name: \_\_\_\_\_

Have you previously been employed by the City: \_\_\_\_\_

If yes, when and under what name: \_\_\_\_\_

How many months have you been unemployed in the last 12 months: \_\_\_\_\_ 36 months: \_\_\_\_\_

Employer	Employed From                      Mo/Yr.	Supervisor's Name
Address	To                      Mo/Yr.	Your Job Title
Telephone		
Your Salary Start                      End	Duties	
Reason for Leaving		

Employer	Employed From                      Mo/Yr.	Supervisor's Name
Address	To                      Mo/Yr.	Your Job Title
Telephone		
Your Salary Start                      End	Duties	
Reason for Leaving		

Be sure to include an explanation of all gaps in time of employment here:

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## Criminal Record

The term "convicted" includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment of adjudication, and adjudication of guilt or delinquency as a minor.

If you answer "yes" to any of the following questions, you must provide detail on the back:

Have you ever been convicted of a felony? Yes No \_\_\_\_

Have you ever been convicted of a serious misdemeanor? Yes No \_\_\_\_

**Note:** Convictions will not necessarily bar you from employment. We will consider the number, nature and seriousness of the convictions in making our decision.

Have you ever been convicted of or forfeited a bond for driving under the influence of drugs or alcohol (*CUT*) or for driving while intoxicated (DWI)? Yes No \_\_\_\_

## References

*Please provide references who are not relatives or previous employers*

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Name

Telephone

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Name

Telephone

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Name

Telephone

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