

**CITY OF GRANGER
GRANGER CITY HALL
1906 MAIN ST
PO BOX 333
GRANGER, IA 50109**



APPLICANT INFORMATION										
Last Name					First				M.I.	Date
Street Address							Apartment/Unit #			
City					State				ZIP	
Phone					E-mail Address					
Date Available					Social Security No.				Desired Salary	
Position Applied for										
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
EDUCATION										
High School					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
College					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other					Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
What skills and/or training do you have that may be related to the job for which you are applying?										
What machines or equipment can you operate that may be related to the job for which you are applying?										

Professional/Technical Registrations, Licenses, or Certifications

Type	License/Cert. Number	State Issued	Expiration Date (mm/dd/yyyy)

DRIVER'S LICENSE

If required for the position, do you possess a valid driver's license?
If yes, complete the information below

TYPE	LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE
DRIVER'S LICENSE			
CHAUFFLER'S LICENSE			
COMMERCIAL DRIVER'S License (Class A, B or C)			
CDL ENDORSEMENTS (Specify)			

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
		Ending Salary	\$
Responsibilities			
From		To	
		Reason for Leaving	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary	\$
		Ending Salary	\$
Responsibilities			
From		To	
		Reason for Leaving	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

LAW ENFORCEMENT APPLICANTS ONLY

Are you a certified Peace Officer in the State of Iowa? _____
 Are you a certified Peace Officer in another state? _____
 Have you taken a POST Test within the past year? If so, where, when, and what was your score?

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

The City of Granger is an equal opportunity employer. We consider applications without regard to race, color, religion, sex, national origin, age, marital status, disability, or any other legally protected status.

PLEASE READ CAREFULLY BEFORE SIGNING

Statement of Understanding

I understand:

That completing this application does not constitute an offer of employment and that my application may be rejected for any reason.

That the statements made by me in this application and all related information which I have provided are true and accurate, and complete to the best of my knowledge. I also understand that if I provide false, inaccurate, or incomplete information, I will not be eligible for employment, or, I will be subject to disciplinary action or dismissal regardless of the date on which the City discovers the violation its policy regarding dishonesty.

That I may be required to complete a medical history form and may be required to be examined by a medical professional designated by the City at the post-offer stage.

That the use of illegal drugs is prohibited during employment and that I may be required to undergo and successfully pass a screening for alcohol and/or drugs that is included in a post-offer/pre-employment physical examination. I also understand that, if extended an offer of employment, I may be required to submit to an alcohol or drug screening according to state law.

That if I sustain any injury or illness while in the employment of this organization, I agree that this organization shall be entitled to receive full and complete reports and records governing any medical or related examinations, and I authorize any and all such doctors, medical examiners, and hospitals to give this organization full and complete reports and records covering such examinations, condition, care and treatment related to or resulting from alleged illness or injury.

That this application will be considered only for the position I am applying for; if I wish to be considered for other positions, I must submit a new application for each position.

That this employment application and any other employee-related documents are not contracts of employment; and that this organization follows an "employment at will" policy that an individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time for any reason.

That any oral or written statement to the contrary is hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

I agree to be responsible for public property and equipment issued to me by the City until returned by me. I agree to pay for property and equipment not returned and authorize the City to withhold an amount equal to value of property not returned by me from my final pay.

Authorization to Release Information

I authorize the City of Granger to make a complete investigation of me, including but not limited to, my past employment history, medical history, scholastic record, criminal activity, motor vehicle driving records, workers' compensation history and to receive the results of any physical examination, including the results of alcohol or drug screening I may be required to undergo, and rely on such information sources. I understand that this organization may request an investigative consumer report from a consumer reporting agency that includes information as to my character, general reputation and personal characteristics. I understand that the investigative consumer report may involve personal interviews with my neighbors, friends, relatives, former employers, schools, and others. I also understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to this organization, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize all persons and organizations to release any information concerning my background and hereby release all persons and organizations from liability for any damage whatsoever for this information. I acknowledge that a facsimile or photographic copy shall be as valid as the original.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Name and number of person completing this form if other than the applicant:

Name: _____ Date: _____

Phone Number: _____

