

CITY OF IDA GROVE

Employment Application



APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Home Phone		E-mail Address			
Cell Phone		Date Available		Desired Salary	
Position Applied for					
Employment Desired?	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Full OR Part Time <input type="checkbox"/>	Seasonal Pool Employee <input type="checkbox"/>	
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

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

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

NO

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

NO

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

NO

SPECIAL SKILLS

SKILLS AND/OR ADDITIONAL COMMENTS: Describe any special training/skills (i.e. language, typing, machine operation) or any additional information that relates to your ability to perform the job for which you have applied (i.e. license, professional membership).

NON-DISCRIMINATION POLICY

The City of Ida Grove is an Equal Opportunity Employer and does not discriminate in employment. No question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application will be kept on file for one full year and will be reviewed upon job openings. All applications will be examined and any "expired" forms will be removed and destroyed. At the conclusion of this time, if the applicant still wishes to be considered for employment, it will be necessary to fill out a new application. If an applicant updates his/her application, the one year clock will be restarted.

DISCLAIMER AND SIGNATURE

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employee's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate me at any time, with or without cause or prior notice. I understand that no representatives of the Employer have the authority to make any assurances to the contrary. It is also understood that this employment application, or by granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this agency. I give the Employer the right to investigate all references and to secure any additional information about me, if job related, hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

_____ Yes _____ No

Signature _____

Date _____

City of Ida Grove Outdoor Pool Application Supplement

Today's Date: _____

Name: _____
(First, Middle, Last)

Position applying for:

- Manager
- Co-manager (weekends and as needed)
- Head Guard
- Lifeguard

Please mark one:

- Sub
- Part-time
- Full-time

Please note that ALL part-time and full-time guards must be willing to work weekends and at least 1 holiday.
Our pool season will run from Memorial Day through Labor Day.

	Course:	Date Passed:
List your swimming/pool qualifications: (Such as beginners, Swimmers, Lifesaving, WSI, CPO)	_____	_____
	_____	_____
	_____	_____

Do you intend to get your WSI this summer? Y / N

List ALL other summer commitments (vacations, summer & fall sports, camps, fair, etc.)

Is there any possibility that you will be working anywhere else this summer?
If so, where and how many hours? _____

If you are not chosen for the position stated above, would you like to be considered for another position at the outdoor pool? Y / N

Your Signature Date

This must be returned to CITY HALL by March 23rd!!!