

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 Aquatic Center, to assist in the determination of your suitability for the position of

Lifeguard or Concessions (circle one).

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.

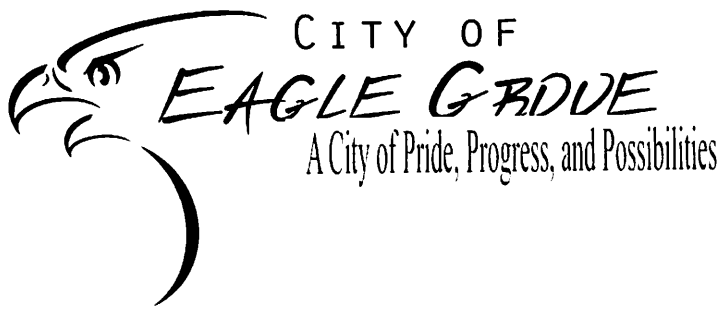
Also, by your signature hereon, you waive the right to review any, and all information gathered in the course of the investigation as well as release the City of Eagle Grove, its designated agents, and all persons connected with the investigation, from all liability, which may be brought about by said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

I, _____, am a candidate for a position with the City of Eagle Grove Aquatic Center. I certify that I have read and fully understand the above statement and its complete content and agree to all conditions.

Print Name

Signature

Date



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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

Last Name		First Name	Middle Name
Street Address	City	State	Zip Code
Phone #	Cell/Other #	Social Security #	

Date available to start work: _____

Are you 16 or older? ____ If not, do you have a work permit? _____

Are you legally eligible to work in the U.S.? _____

References

Please provide references who are not relatives or previous employers

Name	Telephone
Name	Telephone