



## City of Eagle Grove

121 N. Commercial Avenue

P.O. Box 165

Eagle Grove, Iowa 50533

Phone: (515) 448-4343

Fax: (515) 448-3761

www.eaglegrove.gov

### 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:

Life Guard \_\_\_\_\_ Concessions \_\_\_\_\_ Seasonal \_\_\_\_\_

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. 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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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*

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Name	Telephone
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Name	Telephone
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