

**City of Grimes  
Parks and Recreation  
410 S. Main Street  
Grimes, Iowa 50111  
Phone- 515-986-2143**

**JOB APPLICATION FOR EMPLOYMENT**

PLEASE PRINT

|  |          |   |                   |
|--|----------|---|-------------------|
| Name   |          | Date  |                   |
| Date available to work   |          | Social Security Number  |                   |
| Position applying for  |          |   |                   |
| HOME ADDRESS   |          |   |                   |
| Street   |          | Contact Phone (      )  |                   |
| City, State, Zip   |          | E-Mail Address  |                   |
| DAYS/HOURS AVAILABLE FOR WORK  |          |   |                   |
| Monday   |          | Thursday  |                   |
| Tuesday  |          | Friday  |                   |
| Wednesday  |          | Sat/Sun   |                   |
| EDUCATION  |          |   |                   |
| High School Attended   |          | Year Graduated  |                   |
| City, State  |          | Year in High School   |                   |
| College Attended   |          | Year Graduated  |                   |
| City, State  |          | Year in College   |                   |
| Major  |          | Minor   |                   |
| EMPLOYMENT HISTORY   |          |   |                   |
| Name of Employer   | Address  | Position  | Date Started/Left |
|  | Phone:   |   |                   |
|  | Phone:   |   |                   |
|  | Phone:   |   |                   |
| May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>                                       |          | May we contact former employers? Yes <input type="checkbox"/> No <input type="checkbox"/> |                   |
| Have you ever been convicted of any offense other than a traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> |          |   |                   |
| CERTIFICATIONS   |          |   |                   |
| First Aid  | Expires: | OSHA/Blood Borne Pathogens  | Expires:          |
| CPR  | Expires: | AED   | Expires:          |
| Mandatory Child Abuse  | Expires: | Other   | Expires:          |

ADDITIONAL TRAINING (work shops, short courses, volunteer work, etc.)

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OTHER ACTIVITIES (List any activities, other than job-related, where you've had experience with children.)

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Use the space below to explain why you are interested in working for the City of Grimes P & R Department?

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REFERENCES (List 2 business and 1 personal--no relatives)

| Name | Address | Occupation | Phone Number |
|------|---------|------------|--------------|
|      |         |            |              |
|      |         |            |              |
|      |         |            |              |

EMERGENCY CONTACT

| Name | Phone Number |
|------|--------------|
|------|--------------|

I authorize investigation of all statements in this application.  
I understand that misrepresentation or omission of facts called for is cause for dismissal.

Signature

Date