

# APPLICATION --- Grants Specialist I

Southwest Iowa Planning Council  
1501 SW 7<sup>th</sup> Street  
Atlantic, IA 50022

Name \_\_\_\_\_  
(First) (Middle Int.) (Last)

Address \_\_\_\_\_  
(Street) (City) (State & Zip Code)

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Have you ever filed an application with us before? Yes \_\_\_ No \_\_\_

If yes, give date \_\_\_\_\_

Have you ever been employed with us before? Yes \_\_\_ No \_\_\_

If yes, give date \_\_\_\_\_

Are you currently employed? Yes \_\_\_ No \_\_\_

May we contact your present employer? Yes \_\_\_ No \_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes \_\_\_ No \_\_\_

*Proof of citizenship or immigration status will be required upon employment*

On what date would you be available for work? \_\_\_\_\_

Have you been convicted of a felony? Yes \_\_\_ No \_\_\_

*Conviction will not necessarily disqualify an applicant from employment*

If Yes, Please explain \_\_\_\_\_

How did you learn about us?

\_\_\_ Advertisement \_\_\_ Friend/Relative \_\_\_ Walk-In

\_\_\_ Employment Agency \_\_\_ Social Media \_\_\_ Other

Along with this Application Form, please submit:

- Cover Letter
- Resume
- 3 Professional References
- Equal Employment Opportunity Form (these are available at [www.swipco.org](http://www.swipco.org) or at the SWIPCO offices)

Email these documents, along with this form, to [daurine.petersen@swipco.org](mailto:daurine.petersen@swipco.org) or mail or drop off at 1501 SW 7<sup>th</sup> St., Atlantic, IA 50022. Review of Applications will begin on June 17, 2022.

## EMPLOYMENT RECORD

(Attach Sheet if More Space is Needed)

Last (or current) Employer: Name \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

Second Last Employer: Name \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

Third Last Employer: Name \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Reasons for Leaving \_\_\_\_\_

**APPLICANTS STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*SWIPCO is an equal opportunity provider, employer, and lender*