



CITY OF WAVERLY
200 1st Street NE, P.O. Box 616
Waverly, IA 50677
(319)352-4252

Application for Employment

NAME: _____
(Last) (First) (MI)

AN EQUAL OPPORTUNITY EMPLOYER

The City of Waverly provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

DRUGFREE WORKPLACE

There is a drug testing policy for CDL positions.

Please print in ink. Use a separate sheet of paper for additional information or explanation.

Interested in: (check all that apply) Full-Time Part-Time Seasonal Summer

Position(s) Applied For: _____

When would you be available to start work? _____

If applying for summer employment, what is the ending date you are available? _____

PERSONAL DATA

Name: _____
Last First MI

Current Address: _____
Street and/or PO Box City State Zip

Permanent Address: _____
Street and/or PO Box City State Zip

Primary Phone: _____ Email Address: _____

Have you ever been previously employed by the City of Waverly? Yes No
If yes, please list dates, department, and position: _____

Are you legally authorized to work in the United States? Yes No
Proof of eligibility will be required at time of employment.

Have you ever been convicted of a crime other than a simple misdemeanor? Yes No
If yes, please explain: _____

Please answer the question below if the position you are applying for requires a driver's license.

Do you currently have a valid driver's license? Yes No
a) If you checked Yes, what type? Regular Chauffeur Commercial
b) If you checked Commercial, what type? Type A Type B Other
c) If you checked Type A or B, what endorsements? _____

EDUCATION AND TRAINING

Name and Address of School	Course of Study (Major / Minor)	Number of Years Completed	Degree Obtained

List any special training you have completed that is relevant to the position for which you are applying (vocational schools, short courses, workshops, etc.):

If the job announcement requires completion of specific courses or training, indicate that which you have completed: _____

If the job announcement requires operation of specific machinery or special skills, list those with which you are competent: _____

EMPLOYMENT RECORD

Please list previous employers. Begin with your present or most recent employer and continue for the past 10 years. Attach additional sheets if necessary.

Dates of Employment:	Position Held:
Name of Employer:	Address:
Immediate Supervisor:	Phone Number:
Description of Duties:	
Reason for Leaving:	May we contact this employer?

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List 3 professional references.

Name	Relationship	Phone Number	Email

Leisure Services Applicants Only:

Please check which machinery you are competent in using:

Push Mower Riding Mower Manual Shift Vehicle Motorized Weed Eater Tractor

Please check which certifications you currently possess: *Submit copies of your certifications.*

First Aid CPR Lifeguard Training CPO Pesticide Application

List any volunteer experience you have that is relevant to the position for which you are applying:

CERTIFICATION OF APPLICATION

I hereby certify that this application contains no misrepresentations or falsification and that the information given is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, my employment will be terminated, and I will be disqualified from applying in the future for any positions with the City of Waverly. I further authorize the City of Waverly to make all necessary and appropriate investigations to verify the information contained herein.

Signature of Applicant: _____ Date: _____

VETERAN’S PREFERENCE FOR CIVIL SERVICE POSITIONS

In all examinations and appointments under Iowa Code §400.10, other than promotions and appointments of chief of the police department and chief of the fire department, veterans defined in Iowa Code §35.1, who are citizens and residents of this state, shall have five (5) percentage points added to the veteran’s grade or score attained in qualifying examinations for appointment to positions and five (5) additional percentage points added to the grade or score if the veteran has a service connected disability or is receiving compensation, disability benefits or pension under laws administered by the veterans administration. An honorably discharged veteran who has been awarded the Purple Heart for disabilities incurred in action shall be considered to have a service-connected disability. However, the percentage points shall be given only upon passing the exam and shall not be the determining factor in passing. For your reference, a copy of Iowa Code §35.1 is available upon request.

To document and verify eligibility for the above, you must indicate service dates below and attach a copy of your DD214 form. If you are on disability status, provide your VA case file number below. Without this, veteran’s points will not be applied to your exam score.

Branch of Service: _____

Entry Date _____ Discharge Date _____

VA Case File Number (If Disabled): _____

Signature Date Signed

AUTHORIZATION AND RELEASE

Having made application for employment and desiring the City of Waverly to be informed as to my record(s), I hereby authorize the City of Waverly to investigate my record(s). I further authorize the addressed individual, company, or institution to furnish the City of Waverly with any information which may concern my record, and

do hereby release the addressed individual, company, or institution and all persons whomsoever from any damage on account of furnishing said information. I understand that any information obtained by a personal history background investigation, which is directly or indirectly, in whole or in part, on this release authorization, will be considered in determining my suitability for employment or volunteering with the City of Waverly.

Signature of Applicant: _____ Date: _____

Please return completed application and any supplemental documentation to:

City of Waverly

Attn: Human Resources

200 1st Street NE, PO Box 616

Waverly, IA 50677