



**CITY OF WAVERLY**  
200 1<sup>st</sup> 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 does not discriminate on the basis of sex, race, color, religious belief, age, disability, or any other protected class.

### **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: Full-Time  Position(s) Applied For: \_\_\_\_\_  
Part-Time   
Summer  Position(s) Desired: \_\_\_\_\_

When would you be available to start work? \_\_\_\_\_

**PERSONAL DATA**

1. Name: \_\_\_\_\_  
Last First MI
2. Current Address: \_\_\_\_\_  
Street and/or PO Box City State Zip
3. Permanent Address: \_\_\_\_\_  
Street and/or PO Box City State Zip
4. Telephone No. (\_\_\_\_\_) \_\_\_\_\_
5. Have you ever been convicted of a felony? Yes  No
6. Are you legally authorized to work in the United States? Yes  No   
*Proof of eligibility will be required at time of employment.*
7. Do you have a current Iowa driver's license? Yes  No 
  - a) If you checked "yes", check the type of license: Regular  Chauffeur  Commercial
  - b) If you checked "Commercial", check type of commercial: Type A  Type B  Other
  - c) If you checked "Type A or B", what endorsements do you have? \_\_\_\_\_

**EDUCATION AND TRAINING**

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

8. Do you have a high school diploma or equivalent? Yes  No
9. List any special training (vocational schools, short courses, workshops, etc.) you have completed that is relevant to the position for which you are applying:  
\_\_\_\_\_  
\_\_\_\_\_

10. If the job announcement requires completion of specific courses or training, indicate that which you have completed: \_\_\_\_\_  
\_\_\_\_\_

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

**EMPLOYMENT RECORD**

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

<b>Dates of Employment:</b>	<b>Position Held:</b>
<b>Name of Employer:</b>	<b>Address:</b>
<b>Immediate Supervisor:</b>	<b>Phone Number:</b>
<b>Description of Duties:</b>	<b>Reason for Leaving:</b>

<b>Dates of Employment:</b>	<b>Position Held:</b>
<b>Name of Employer:</b>	<b>Address:</b>
<b>Immediate Supervisor:</b>	<b>Phone Number:</b>
<b>Description of Duties:</b>	<b>Reason for Leaving:</b>

<b>Dates of Employment:</b>	<b>Position Held:</b>
<b>Name of Employer:</b>	<b>Address:</b>
<b>Immediate Supervisor:</b>	<b>Phone Number:</b>
<b>Description of Duties:</b>	<b>Reason for Leaving:</b>

13 May we contact your present employer? Yes  No   
 May we contact your past employers? Yes  No

14. List 3 references, other than former employers or relatives:

Name	City, State	Relationship/Title	Phone Number

**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: \_\_\_\_\_

**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.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_