



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 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: (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

Home Phone: _____ Cell 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: _____

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: _____

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:

First Aid CPR Lifeguard Training CPO Pesticide Application

Please also attach copies of your certifications.

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

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 references, other than former employers or relatives, who know you well enough to provide information about you.

Name	City, State	Phone Number	Relationship

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. 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
 200 1st Street NE, PO Box 616
 Waverly, IA 50677**