

City of Waterloo + Leisure Services

SPORTS · PARKS · FORESTRY · GOLF · YOUNG ARENA
1101 Campbell Avenue · Waterloo, IA 50701 · Phone: (319) 291-4370 · Fax: (319) 291-4297

APPLICATION FOR TEMPORARY EMPLOYMENT

Please complete the application in its entirety, print clearly. Check yes/no where indicated. If information required is not applicable, please use N/A in that blank. Please make copies (keep your originals) of all materials that you submit.

| | | | |
|--|-----------------|--|--|
| Date of Application: | | Date Available: | |
| Position(s) applying for: | | | |
| Full Name as shown on Social Security Card: | | Street Address: | |
| Please provide any previous name(s) under which educational or employment records may be found and the year(s) used: | | City/State/Zip: | |
| Social Security Number: | E-Mail Address: | | Telephone Number: () Alternate: () |
| Do you plan to work another job while you are employed with us? <input type="checkbox"/> yes <input type="checkbox"/> no | | If applying to work in the Optimist Baseball/Softball program, is this year the first year you have applied? <input type="checkbox"/> yes <input type="checkbox"/> no If no, how many years have you worked with the program? | |
| If you are a college student, do you plan to attend college summer classes? <input type="checkbox"/> yes <input type="checkbox"/> no | | | |
| Have you previously been employed by the City of Waterloo? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please indicate the position(s) and year(s) employed: | | | |
| Are you related to anyone currently employed by the City of Waterloo? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please state their name and relationship: | | | |
| Are you age 18 or older? <input type="checkbox"/> yes <input type="checkbox"/> no If no, how old are you? Birth Date: | | With or without reasonable accommodation (modification) are you able to perform the essential job functions required of the position for which you are applying? <input type="checkbox"/> yes <input type="checkbox"/> no If no, please explain: | |
| Are you legally authorized to work in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no (If offered employment, eligibility documentation will be required) | | | |
| If driving is an essential job function of the position you are applying for, please provide the following information: Do you have a current and valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please provide your driver's license number: Is this a Commercial Driver's License? <input type="checkbox"/> yes <input type="checkbox"/> no Class: | | | |
| Have you ever been convicted of a crime other than a <u>minor</u> traffic offense? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please indicate the date, incident, city(county)/state of convictions: (A conviction will not necessarily disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.) | | | |
| Have you used any illegal drugs in the last 30 days? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain: | | | |
| Are you listed on a sex offender registry? <input type="checkbox"/> yes <input type="checkbox"/> no Are you listed on the Department of Human Services' Child Abuse Registry? <input type="checkbox"/> yes <input type="checkbox"/> no Has any civil or criminal complaint or any other written complaint been made against you relating to sexual abuse, sexual harassment or physical abuse? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain: | | | |
| Have you ever terminated your employment or had your employment terminated for reasons relating to illegal activities or claims of sexual abuse or physical abuse? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please explain: (Please note: Responding "yes" to any of the questions in this section is not an automatic bar to employment. The date of the offense and the relationship between the offense and the position for which you are applying for will be considered.) | | | |

The City of Waterloo is an equal opportunity employer and selects the best qualified individual for the position based on job-related qualifications regardless of race, age, color, creed, religion, sex, national origin, citizenship status, pregnancy, familial status, military or veteran status, mental or physical disability, gender identity, sexual orientation, genetic information, or other status protected by law or City ordinance.

| EDUCATION | | | | |
|--|---------------------------|--|--|-----------------------|
| SCHOOLS ATTENDED | NAME OF SCHOOL & LOCATION | DID YOU GRADUATE? | DEGREE/DIPLOMA OR CERTIFICATE | MAJOR COURSE OF STUDY |
| HIGH SCHOOL/GED | | [] yes [] no | If no, last grade completed (circle one): 8 9 10 11 | |
| VOC/TECH, BUSINESS OR MILITARY SERVICE | | [] yes [] no Number of hours completed: | | |
| COLLEGE OR UNIVERSITY | | [] yes [] no Number of hours completed: | | |
| COLLEGE OR UNIVERSITY | | [] yes [] no Number of hours completed: | | |

| SPECIAL SKILLS | |
|--|--|
| <input type="checkbox"/> Painting <input type="checkbox"/> Cement Work <input type="checkbox"/> Tractor Operations <input type="checkbox"/> Landscape <input type="checkbox"/> Carpentry <input type="checkbox"/> Typing (wpm: _____) <input type="checkbox"/> Other Skills/Certifications/Special Training/Licenses: | |
| <i>Lifeguards Only: Please check the certifications you possess and indicate the expiration date for each.</i> | |
| <input type="checkbox"/> Basic Water Safety <u>Expiration Date</u> _____ | <input type="checkbox"/> Certified Pool Operator <u>Expiration Date</u> _____ |
| <input type="checkbox"/> Basic Lifeguarding _____ | <input type="checkbox"/> First Aid _____ |
| <input type="checkbox"/> Water Safety Instructor _____ | <input type="checkbox"/> CPR _____ |
| <input type="checkbox"/> Lifeguarding Instructor _____ | |

| WORK EXPERIENCE | |
|--|--|
| <i>List your work/qualifying experiences for the previous 10 years starting with the most recent – place additional experiences on a separate sheet of paper. If you do not want your current employer contacted, please indicate. Include any relevant military or volunteer service.</i> | |
| Last or Current Employer: | Dates of Employment: From (mo./yr.) To (mo./yr.) |
| Street Address: City/State/Zip: | Job Title/Position: |
| Name of Supervisor & Phone Number: | Reason for Leaving: |
| Hours Worked Per Week: | Wage: |
| Job Duties/Responsibilities: | |
| | |
| Employer: | Dates of Employment: From (mo./yr.) To (mo./yr.) |
| Street Address: City/State/Zip: | Job Title/Position: |
| Name of Supervisor & Phone Number: | Reason for Leaving: |
| Hours Worked Per Week: | Wage: |
| Job Duties/Responsibilities: | |
| | |
| Employer: | Dates of Employment: From (mo./yr.) To (mo./yr.) |
| Street Address: City/State/Zip: | Job Title/Position: |
| Name of Supervisor & Phone Number: | Reason for Leaving: |
| Hours Worked Per Week: | Wage: |
| Job Duties/Responsibilities: | |
| | |

| COACHING POSITIONS <i>Related Sports Activities</i> | | |
|---|--------------------|-------------------|
| College: | Coach: | Dates: |
| Position(s): | Awards: | |
| High School: | Coach: | Dates: |
| Positions(s): | Awards: | |
| COACHING POSITIONS <i>Coaching Experiences</i> | | |
| School/Organization: | City/State: | |
| Sport Coached: | Grade/Age of Team: | Coached How Long? |
| School/Organization: | City/State: | |
| Sport Coached: | Grade/Age of Team: | Coached How Long? |
| PROFESSIONAL REFERENCES <i>List at least three related to employment.</i> | | |
| Reference's Name: | Phone Work/Home: | |
| Address: | City/State/Zip | Relationship: |
| Reference's Name: | Phone Work/Home: | |
| Address: | City/State/Zip | Relationship: |
| Reference's Name: | Phone Work/Home: | |
| Address: | City/State/Zip | Relationship: |

AUTHORIZATION AND RELEASE

By my signature below, I certify that the answers given herein are true and complete to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any material omission, misrepresentation, or false information given in my application, on my resume, or in my interview(s) may result in my not being considered for employment; and if not discovered by the City until after my becoming employed, may result in my immediate termination.

I authorize you to communicate with persons listed as references, current/former employers, and any others whom you deem necessary in arriving at an employment decision. I further authorize any current/former employer(s), educational institution, or government agency to give to any authorized representative of the City of Waterloo, Iowa, any information which they may have bearing upon my present or previous employment, criminal record (including the list of sex offenders and the child abuse registry), motor vehicle record, and/or such other record as may be deemed necessary to determine my fitness for the subject position. I agree to release from all liability all persons and organizations supplying such information and I also release the City of Waterloo and its representatives for seeking, gathering, and using such information to make an employment decision.

I understand that completion of this Application for Temporary Employment does not guarantee that I will be employed by the City of Waterloo. If an employment offer is extended to me and I accept it, I understand that I am required to abide by all applicable policies, rules and regulations of the City of Waterloo. I understand that according to Federal law all individuals who are hired must, as a condition of employment, produce certain documentation verifying their identity and legal authorization to work in the United States. If the position for which I am applying requires it, I understand that an offer of employment may be made contingent upon my passing a job-related physical examination and/or controlled substances screening. If required, I agree to submit to a controlled substances screening and physical examination by the City's designated medical provider. If employed, I agree to engage in no outside activity which would involve a material conflict of interest with the City, or which could reflect adversely on the City.

Signature _____ Date _____

Additional Information (Please use space provided below if necessary)