

City of Waterloo Application Form

Human Resources Department
 620 Mulberry Street
 Waterloo, Iowa 50703
 (319) 291-4303
 Fax: (319) 291-4569



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.

Please print clearly and complete ALL information requested. If needed, use additional space on back of form.

Full Name as shown on Social Security Card:		Street Address:	
		City/State/Zip:	
Telephone Number: () Alternate: ()	E-Mail Address:	Social Security Number:	Position applying for:
Have you previously been employed with the City of Waterloo? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please indicate the department, the position held, whether it was a regular or temporary position, and the year(s) employed:			
Do you presently cohabitate with or are you related to anyone employed with 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? Birthdate:		Are you currently employed? <input type="checkbox"/> yes <input type="checkbox"/> no May we contact your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no If no, why not?	
Are you legally eligible to work in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no (If offered employment, eligibility documentation will be required)			
EDUCATION			
HIGH SCHOOL	COLLEGE <i>(years completed)</i>	GRADUATE/PROFESSIONAL <i>(years completed)</i>	MILITARY/TRADE
<input type="checkbox"/> Diploma <input type="checkbox"/> GED Name of High School:	<input type="checkbox"/> one <input type="checkbox"/> three <input type="checkbox"/> two <input type="checkbox"/> four <input type="checkbox"/> Degree received	<input type="checkbox"/> one <input type="checkbox"/> three <input type="checkbox"/> two <input type="checkbox"/> four <input type="checkbox"/> Degree received	
Name of any Educational Institutions attended after high school:		Describe any specialized training, apprenticeships, or skills you have received:	
Indicate all degree(s) received and/or areas of study:			

EMPLOYMENT

Last or Current Employer:		Telephone Number: () Address:		
Employment Dates:	Job Title:	Supervisor:	Rate of Pay:	Hrs/Week:
Work performed:				
Reason For Leaving:				

Employer:		Telephone Number: () Address:		
Employment Dates:	Job Title:	Supervisor:	Rate of Pay:	Hrs/Week:
Work performed:				
Reason For Leaving:				

Employer:		Telephone Number: () Address:		
Employment Dates:	Job Title:	Supervisor:	Rate of Pay:	Hrs/Week:
Work performed:				
Reason For Leaving:				

Employer:		Telephone Number: () Address:		
Employment Dates:	Job Title:	Supervisor:	Rate of Pay:	Hrs/Week:
Work performed:				
Reason For Leaving:				

Please provide any previous name(s) under which educational or employment records may be found and the year(s) used:

Have you used any illegal drugs in the last 30 days? No Yes If yes, explain _____

REFERENCES	
List the name, address and telephone number of three work references who are not related to you:	
1.	
2.	
3.	

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 inter-view(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, former employers, and any others whom you deem necessary in arriving at an employment decision. I further authorize any previous employer, 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, 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 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. 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. 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.

Signature _____ Date _____

If driving is an essential function of the position you are applying for, please provide the following information:

Driver's License Number _____

Issued by: (___) state of Iowa (___) other state _____ Expiration Date _____

Commercial Driver's License [] Yes [] No Class _____

Types of endorsements and/or restrictions
