## **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, <u>print clearly</u>. 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		City/State/Zip:			
or employment records may be found and the year(s) used:					
Social Security Number:	E-Mail Address:		Telephone Number:		
Do you plan to work another job while you are employed with		Alternate: ()           If applying to work in the Optimist Baseball/Softball program, is			
us? [] yes [] no		this year the first year you have applied? [] yes [] no If no, how many years have you worked with the program?			
If you are a college student, do yo	u plan to attend college summe		rked with the program?		
Have you previously been employ			dicate the position(s) and year(s)		
employed:					
Are you related to anyone currently employed by the City of Waterloo? [] yes [] no If yes, please state their name and relationship:					
Are you age 18 or older? [ ] yes [ ] no		With or without reasonable accommodation (modification) are you able to perform the essential job functions required of the position for which you are applying? [] yes [] no If no, please explain:			
If no, how old are you?Birth Date:Are you legally authorized to work in the U.S.?					
[ ] yes [ ] no					
(If offered employment, eligibility required)	documentation will be				
If driving is an essential job function			owing information: Do you have a		
current and valid driver's license? Is this a Commercial Driver's Lice		e provide your driver's license n	umber:		
Have you used any illegal drugs in the last 30 days? [] yes [] no If yes, please explain:					
Are you listed on a sex offender registry? [ ] yes [ ] no Are you listed on the Department of Human Services' Child Abuse Registry? [ ] yes [ ] 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? [] yes [] 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? [] yes [] 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	NAME OF SCHOOL &	DID YOU		DEGREE/DIPLOMA	MAJOR COURSE OF			
ATTENDED	LOCATION	GRAI	DUATE?	OR CERTIFICATE	STUDY			
HIGH SCHOOL/GED		[ ] yes [ ] no		If no, last grade completed (circle one): 8 9 10 11				
VOC/TECH,		[ ] yes [ ] no						
BUSINESS OR		Number of hours						
MILITARY SERVICE			pleted:					
COLLEGE OR			es [] no er of hours					
UNIVERSITY			pleted:					
			es [] no					
COLLEGE OR UNIVERSITY			er of hours					
		com	pleted:					
		SPECI	AL SKILLS					
[] Painting [] Cement Work [] Tractor Operations [] Landscape [] Carpentry [] Typing (wpm:)         [] Other Skills/Certifications/Special Training/Licenses:								
Lifeguards Only: Please	check the certifications you	possess and	l indicate the ex	piration date for each.				
[ ] Basic Water Safety	Expiration Date		[]Contified	Pool Operator	Expiration Date			
Basic Lifeguarding			[] First Aid	rooi Operator				
[] Water Safety Instruc	tor		[]CPR					
[] Lifeguarding Instruc	tor		2 3					
		WORK F	XPERIENCE	1				
List your work/qualifying expe	eriences for the previous 10 years s	starting with the	e most recent – plac icate, Include any	ce additional experiences on a sep	arate sheet of paper. If you do not			
want your current employer contacted, please indic           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/Responsibilit	ies:							
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 Related Sports Activities							
College:	Coach:		Dates:				
Position(s):	Awards:						
High School:	Coach:		Dates:				
Positions(s):	Awards:						
COACHING POSITIONS Coaching Experiences							
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 List at least three related to employment.							
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.

Additional Information (Please use space provided below if necessary)