CITY OF WATERLOO
Leisure Services

SPORTSPLEX • SPORTS • PARKS • FORESTRY • GOLF • YOUNG ARENA

*1101 Campbell Avenue • Waterloo, IA 50701 • Phone: (319) 291-4370 • www.waterlooleisureservices.org*

| | | |
|---|---|---|
| Date of Application: | | Date Available: |
| Position(s) applying for: | | |
| Full Legal Name (as shown on birth record)<br><br>Preferred Name | | Street Address:<br><br>City/State/Zip: |
| Cell phone carrier (for texts) | E-Mail Address: | Phone Number: |
| Do you plan to work another job while you are employed with us?<br>yes ☐ no ☐ | | If applying to work in the Optimist Baseball/Softball program, is this year the first year you have applied? ☐ yes ☐ no<br>If no, how many years have you been with the program? |
| If you are a college student, do you plan to attend college summer classes? ☐ yes ☐ no | | |
| Have you previously been employed by the City of Waterloo? ☐ yes ☐ no If yes, please indicate the position(s) and year(s) employed: | | |
| Are you related to anyone currently employed by the City of Waterloo? ☐ yes ☐ no If yes explain the relationship: | | |
| Are you age 18 or older? ☐ yes<br>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? ☐ yes ☐ no If no, please explain. |
| Are you legally authorized to work in the U.S.? ☐ yes ☐ no<br><br>(Work 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? [ ] yes [ ] no Drivers License Number: _____ Is this a Commercial Driver's License? ☐ yes ☐ no CDL Class: _____

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:

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 note: Responding "yes" to any of the questions in this s lationship between the offense and the position for which you are applying for will be considered.)

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 degree, indicate years completed | |
| TRADE OR JUNIOR COLLEGE | | yes ☐ no ☐ | | |
| COLLEGE OR UNIVERSITY | | yes ☐ no ☐ | | |
| MILITARY BRANCH | | | | |

SPECIAL SKILLS

☐ Painting ☐ Cement Work ☐ Tractor Operations ☐ Landscaping ☐ Carpentry ☐ Typing wpm:

Other Skills/Certifications / Special Training or Licensing:

*Lifeguards Only: Please check the certifications you possess and indicate the expiration date for each.*

| | Expiration Date | | Expiration Date |
|---|---|---|---|
| ☐ Basic Water Safety | | ☐ Certified Pool Operator | |
| ☐ Basic Lifeguarding Safety Instructor | | ☐ First Aid | |
| ☐ Water Safety Instructor | | ☐ CPR | |
| ☐ Lifeguarding Instructor | | | |

WORK EXPERIENCE

*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.*

| | |
|---|---|
| Last or Current Employer: | Dates of Employment: From (mo./yr.) To (mo./yr.) |
| Address | Job Title/Position: |
| Supervisorsor & Phone Number: | Reason for Leaving: |
| Hours Worked Per Week: | Wage: |
| Job Duties/Responsibilities: | |

| | |
|---|---|
| Employer: | Dates of Employment: From (mo./yr.) To (mo./yr.) |
| Address: | Job Title/Position: |
| Supervisor & Phone Number: | Reason for Leaving: |
| Hours Worked Per Week: | Wage: |
| Job Duties/Responsibilities: | |

| | |
|---|---|
| Employer: | Dates of Employment: From (mo./yr.) To (mo./yr.) |
| Address: | Job Title/Position: |
| Supervisor & Phone Number: | Reason for Leaving: |
| Hours Worked Per Week: | Wage: |
| Job Duties/Responsibilities: | |

| COACHING POSITIONS<br>*Related Sports Activities* | | |
|---|---|---|
| College: | Coach: | Dates: |
| Position(s): | Awards: | |
| High School: | Coach: | Dates: |
| Positions(s): | Awards: | |

| COACHING POSITIONS<br>*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<br>*List at least three related to employment.* | | |
|---|---|---|
| Reference's Name: | Phone: | |
| Email Address: | City/State/Zip | Relationship: |
| Reference's Name: | Phone: | |
| Email Address: | City/State/Zip | Relationship: |
| Reference's Name: | Phone: | |
| Email 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 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)