

Office Use Only:

Date Applied: _____

Full-Time

Part-Time

Summer

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 or disability.

There is a drug testing policy for CDL positions.

12. List any special training (vocational schools, short courses, workshops, etc.): _____

13. If the job announcement requires completion of specific courses or training, indicate that which you have completed: _____

14. If the job announcement requires operation of specific machinery or special skills, list those at which you are competent with: _____

EMPLOYMENT RECORD
 Begin with your present or most recent employer and continue for the past 15 years.
 Attach additional sheets if necessary.

15. Dates Employed _____ Positions Held _____ Starting Salary _____ Final Salary _____ Name & Address of Employer _____ _____ Immediate Supervisor _____ _____	Description of Duties _____ _____ _____ Reason for Leaving _____ _____ _____
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18. May we contact your present employer? Yes No
 May we contact your past employers? Yes No

19. List 3 references, other than former employers or relatives:

<u>Name</u>	<u>Address</u>	<u>Title</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certification of Applicant (Please Read Carefully)

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) and 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.

Signature of Applicant: _____ Date: _____

Witness: _____ Date: _____

Office Use Only:

Date	Interviewed By	Notes