

EDUCATION & TRAINING

Name & Address of School	Course of Study (Major/Minor)	Current Year (Please Circle)	List Degree Obtained
High School:		Freshman Sophomore Junior Senior	
College:		Freshman Sophomore Junior Senior	

CURRENT CERTIFICATIONS					
(APPLICATIONS CANNOT BE NOT ACCEPTED WITHOUT COPIES OF YOUR CERTIFICATIONS)					
First Aid	CPR	Lifeguard Training	WSI	CPO	Pesticide Application
Officiating	(list sports) _____				

If applying for the Recreation Division mark the following areas according to your past involvement level:

- 1** General knowledge **2** Participation at Varsity level **3** Have instructed activity/sport

- | | | | | |
|-------------------------------------|--|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer | <input type="checkbox"/> Baseball | <input type="checkbox"/> Softball | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Football | <input type="checkbox"/> Track | <input type="checkbox"/> Tennis | <input type="checkbox"/> Racquetball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Wrestling | <input type="checkbox"/> Golf | <input type="checkbox"/> Music | <input type="checkbox"/> Dance | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Arts & Crafts | | | |

Please explain in more detail your experience: _____

What volunteer experience have you had that would assist you with the position(s) you are applying for?

Were you previously employed by us? Yes No

List any special training that applies to the position for which you are applying (vocational schools, short courses, workshops, etc.):

If the job announcement requires operation of specific machinery or special skills, check list below for those at which you are competent with:

- Push Mower Riding Mower Manual Shift Vehicle Motorized Weed Eater Tractor

EMPLOYMENT RECORD

Begin with your present or most recent employer and continue for the past 15 years. Include self-employment and military service. Attach additional sheets if necessary.

1. Dates worked: From _____ to _____ Ending Salary _____
Employer's Name _____ Supervisor's Name _____
Employer's Address _____ Phone _____
Type of Work _____
Reason for Leaving _____ Contact ? Yes No

2. Dates worked: From _____ to _____ Ending Salary _____
Employer's Name _____ Supervisor's Name _____
Employer's Address _____ Phone _____
Type of Work _____
Reason for Leaving _____ Contact ? Yes No

3. Dates worked: From _____ to _____ Ending Salary _____
Employer's Name _____ Supervisor's Name _____
Employer's Address _____ Phone _____
Type of Work _____
Reason for Leaving _____ Contact ? Yes No

4. Dates worked: From _____ to _____ Ending Salary _____
Employer's Name _____ Supervisor's Name _____
Employer's Address _____ Phone _____
Type of Work _____
Reason for Leaving _____ Contact ? Yes No

References:

List 3 references, other than former employers or relatives who know you well enough to give information about you.

Name	Address	Phone	How Long Acquainted?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 make all necessary and appropriate investigations to verify the information contained herein.

Signature of Applicant _____ Date: _____

PLEASE REMEMBER: APPLICATIONS WILL NOT BE ACCEPTED WITHOUT COPIES OF YOUR CERTIFICATIONS

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: _____

Please return completed application to: Waverly Parks and Recreation Department
200 1st St. N.E. PO Box 616
Waverly, Iowa 50677

Office Use Only:	
Interview Date _____	
Interview By _____	
Job Title _____	Rate of Pay _____
Job Title _____	Rate of Pay _____
Job Title _____	Rate of Pay _____
Job Title _____	Rate of Pay _____
Job Title _____	Rate of Pay _____
Effective Date: _____	
<u>Notes:</u>	