## 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 or employment records may be found and the year(s) used:		City/State/Zip:		
Social Security Number:	E-Mail Address:		Telephone Number: ( ) Alternate: ( )	
Do you plan to work another job while you are employed with us? [ ] yes [ ] no		If applying to work in the Optimist Baseball/Softball program, is 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 you	plan to attend college summe	er 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, please state their name and relationship:				
Are you age 18 or older? [ ] yes [ ] no If no, how old are you? Birth Date:  Are you legally authorized to work in the U.S.? [ ] yes [ ] no (If offered employment, eligibility documentation will be		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:		
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 If yes, please provide your driver's license number:  Is this a Commercial Driver's License? [ ] yes [ ] no Class:				
Hove you used ony illegal drugs in	the last 20 days? [ ] yes [	l no If was places avalain		
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.)				

EDUCATION						
SCHOOLS	NAME OF SCHOOL &		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	3332	
VOC/TECH,		[ ] ye	es [ ] no			
BUSINESS OR			er of hours			
MILITARY SERVICE		com	pleted:			
COLLEGE OR		[ ] ye	es [ ] no			
COLLEGE OR		Numbe	er of hours			
UNIVERSITY		com	pleted:			
COLLEGE OR		[ ] ye	es [ ] no			
UNIVERSITY		Numbe	er of hours			
UNIVERSITI		com	pleted:			
		SPECL	AL SKILLS			
[ ] Painting [ ] Cement Work [ ] Tractor Operations [ ] Landscape [ ] Carpentry [ ] Typing (wpm:) [ ] Other Skills/Certifications/Special Training/Licenses:						
Lifeguards Only: Please	check the certifications you Expiration Date	possess and	l indicate the ex		Expiration Date	
[ ] Basic Water Safety	<u>Expiration Date</u>		[ ] Certified	Pool Operator	Expiration Date	
Basic Lifeguarding			First Aid	r our operator		
Water Safety Instruc	tor		[ ] CPR			
Lifeguarding Instruc						
		WORK E	YPEDIENCE			
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.)						
Street Address:			Job Title/Position:			
City/State/Zip:						
Name of Supervisor & Phone Number:			Reason for Leaving:			
Hours Worked Per Week:			Wage:			
Job Duties/Responsibilit	ies:					
			I			
Employer:			Dates of Emp	loyment: From (mo./yr	:.) To (mo./yr.)	
Street Address: City/State/Zip:			Job Title/Posi	tion:		
Name of Supervisor & Phone Number:		Reason for Leaving:				
Hours Worked Per Week:		Wage:				
Job Duties/Responsibilit	ies:					
Employer:			Dates of Emp	loyment: From (mo./yr	c.) To (mo./yr.)	
Street Address: City/State/Zip:			Job Title/Posi	tion:		
Name of Supervisor & Phone Number:		Reason for Leaving:				
Hours Worked Per Week:			Wage:			
Job Duties/Responsibilities:						
Job Dunes/Responsibility	108.					

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.

Signature	Date	

Additional Information (Please use space provided below if necessary)