

Position applying for: _____



The City of Oelwein is a Tobacco-Free Work Environment.

Equal Employment Opportunity Statement

The City of Oelwein does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, creed, ancestry, pregnancy, age, genetic information, or disability in employment or the provision of services.

**ALL APPLICANTS ARE
SUBJECT TO PREEMPLOYMENT
DRUG SCREENING.**

(Special accommodations for application and/or testing or job information in alternative formats available upon request.)

Name: _____
Last First Middle

Address: _____
Street Address City State Zip

Primary phone: _____ Secondary phone: _____ Email address: _____

Please answer all questions. Statements are subject to verification.

Have you ever been convicted of a felony? Yes No If yes, please give details: _____

Are you required to register as a sex offender? Yes No If yes, which state? _____

Criminal convictions are not an absolute bar to employment, but will only be considered in relation to specific job requirements.

Are you over 18 years of age? Yes No

Have you ever been employed by the City of Oelwein? Yes No Dates and Position _____

Number of hours: Full-time only Part-time only Either

Availability dates: From: _____ Until: _____

Dates available to interview: From: _____ Until: _____

Education and Training

Name of School and Location	Check Years Completed	Graduated? Check Answer	Major
High School City	9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	

Post-Secondary Education

Vocational/Technical College	1 <input type="checkbox"/> 2 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College/University	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School		Yes <input type="checkbox"/> No <input type="checkbox"/>	

Proof of U.S. citizenship or immigration status will be required upon employment.

Are you legally eligible for employment in this country? Yes No

Licenses or certificates:

Professional license _____ Licensing board _____

Do you have a driver's license? Yes No License No. _____ State _____ Expiration Date _____

Do you have a Commercial Driver's License (CDL)? Yes No License No. _____ State _____ Expiration Date _____

Please place a check by the department for which you would like to work. Indicate particular positions below.

Department(s)	Position(s)
<input type="checkbox"/> Any Department	
<input type="checkbox"/> Cemetery	<input type="checkbox"/> Cemetery Sexton <input type="checkbox"/> Cemetery Laborer
<input type="checkbox"/> City Hall	<input type="checkbox"/> Accounting <input type="checkbox"/> Clerical/Word Processing <input type="checkbox"/> Executive Assistant <input type="checkbox"/> Utilities Billing
<input type="checkbox"/> Library	<input type="checkbox"/> Library Staff
<input type="checkbox"/> Parks & Rec	<input type="checkbox"/> Parks Laborer <input type="checkbox"/> Lifeguard - List Certifications _____ Certifications continued: _____ <input type="checkbox"/> Umpire/Referee <input type="checkbox"/> Instructor – Type _____
<input type="checkbox"/> Street Department	<input type="checkbox"/> Street Department Laborer
<input type="checkbox"/> Utilities	<input type="checkbox"/> Utilities Operator (Must have/obtain a Grade I License)
<input type="checkbox"/> Other _____	

I have special skills and/or certifications in the following: _____

I am experienced with the following:

- Asphalt Paver
- Backhoe
- Carpentry
- Confined Space Operations
- Dozer
- Dump Truck
- Electrical
- Loaders
- Motor Grader
- Operation of water & waste water facilities
- Straight Stick Transmission
- Tractor
- Tractor Mower
- Truck with plow

Office Equipment

- Accounting
Software _____
- Computer
- Internet Email Website Maintenance
- Word Processing/Data Entry
Software _____
- 10-key
Speed spm _____
- Typewriter
Wpm _____

For the above marked experience, please elaborate:

Applicant Name: _____

Please list the most recent position first.
Account for all time periods by recording all of your activities, such as employment, military service, volunteering, schooling, and periods of unemployment.

Employment Record

Use additional paper if necessary.
Be sure you answer all questions.
(Current employer will be contacted only with your consent.)

Be complete!
You will be screened using the information you provide.

A résumé can be attached.

1	Employer _____	Phone _____	Position Title _____
	Address _____		Responsibilities _____
	From (Mo/Yr) _____	To (Mo/Yr) _____	
	Reason for Leaving _____		
	Supervisor _____	Salary \$ _____	Were you required to have a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Employer _____	Phone _____	Position Title _____
	Address _____		Responsibilities _____
	From (Mo/Yr) _____	To (Mo/Yr) _____	
	Reason for Leaving _____		
	Supervisor _____	Salary \$ _____	Were you required to have a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Employer _____	Phone _____	Position Title _____
	Address _____		Responsibilities _____
	From (Mo/Yr) _____	To (Mo/Yr) _____	
	Reason for Leaving _____		
	Supervisor _____	Salary \$ _____	Were you required to have a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Employer _____	Phone _____	Position Title _____
	Address _____		Responsibilities _____
	From (Mo/Yr) _____	To (Mo/Yr) _____	
	Reason for Leaving _____		
	Supervisor _____	Salary \$ _____	Were you required to have a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever served in the U.S. Armed Forces? Yes No

If yes:
Years of Service: _____
Branch of Service: _____

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for? Yes No

If yes, describe: _____

1	Personal Reference: _____	Relationship: _____	Years Known _____
	Address _____		City _____ State _____ Zip _____
	Phone _____		Email _____ Cell _____
2	Personal Reference: _____	Relationship: _____	Years Known _____
	Address _____		City _____ State _____ Zip _____
	Phone _____		Email _____ Cell _____
3	Personal Reference: _____	Relationship: _____	Years Known _____
	Address _____		City _____ State _____ Zip _____
	Phone _____		Email _____ Cell _____

Applicant Name: _____

Optional authorization for reference and background requests

I have applied with the City of Oelwein for employment and I desire that they be fully advised of my records from previous employers. I, therefore, respectfully request that you furnish the requested information concerning my employment with your organization, and I hereby release you from any and all liability of damages for providing the information requested.

- (optional) I grant permission to the City of Oelwein to contact my previous employer(s): Yes No
- (optional) I grant permission to the City of Oelwein to contact my current employer(s): Yes No
- (optional) I grant permission to the City of Oelwein to contact my listed references as well as persons they deem appropriate to the hiring process: Yes No

Signature of Applicant _____
Date

Please read these carefully and sign: Pre-employment Agreement

I understand and agree that:

1. If I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, I may be terminated.
2. The City has my authorization to thoroughly investigate my work history. I will hold no person, corporation, or organization liable for giving or receiving information in this investigation.
3. In consideration of my employment, I agree to conform to the rules and regulations of the City and I understand that no representative of the City has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any agreement or assurances contrary to this policy.
4. Passing the pre-employment screenings, including a drug and alcohol screening test, is a pre-requisite for qualifying for employment. If a job offer is made, I understand it is conditioned on this requirement.
5. The City is an equal opportunity employer. The City does not discriminate and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.
6. If employed, I understand that my employment is for no definite period of time, and if terminated the City is liable only for wages and salary earned as of the date of termination. Positions covered by a collective bargaining unit may have separate provisions. No statements to the contrary, written or oral, made either before or during an individual's employment can change this. No individual supervisor, manager, or officer can make a contrary agreement.
7. I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.

Signature of Applicant _____
Date

Applicant Name: _____