

Position applying for:

\_\_\_\_\_



Return to: City of Oelwein, 20 Second Avenue S.W., Oelwein, IA 50662

ALL APPLICANTS ARE SUBJECT TO A PRE - EMPLOYMENT DRUG SCREENING.

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.

(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

Table with 4 columns: Name of School and Location, Years Completed, Graduated?, Major. Includes rows for High School and City.

Post-Secondary Education

Table with 4 columns: Name of School and Location, Years Completed, Graduated?, Major. Includes rows for Vocational/Technical College, College/University, and Graduate School.

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

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 \_\_\_\_\_

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:

- |  |  |
|--|--|
| <input type="checkbox"/> Asphalt Paver             | <input type="checkbox"/> Loaders                                     |
| <input type="checkbox"/> Backhoe                   | <input type="checkbox"/> Motor Grader                                |
| <input type="checkbox"/> Carpentry                 | <input type="checkbox"/> Operation of water & waste water facilities |
| <input type="checkbox"/> Confined Space Operations | <input type="checkbox"/> Straight Stick Transmission                 |
| <input type="checkbox"/> Dozer                     | <input type="checkbox"/> Tractor                                     |
| <input type="checkbox"/> Dump Truck                | <input type="checkbox"/> Tractor Mower                               |
| <input type="checkbox"/> Electrical                | <input type="checkbox"/> 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:

## Employment Record

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.

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.

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

<b>1</b>	Personal Reference:	Relationship:
	Address <span style="float: right;">Phone</span>	Years Known
	City <span style="float: right;">State</span> <span style="float: right;">Zip</span>	Email <span style="float: right;">Cell</span>
<b>2</b>	Personal Reference:	Relationship:
	Address <span style="float: right;">Phone</span>	Years Known
	City <span style="float: right;">State</span> <span style="float: right;">Zip</span>	Email <span style="float: right;">Cell</span>
<b>3</b>	Personal Reference:	Relationship:
	Address <span style="float: right;">Phone</span>	Years Known
	City <span style="float: right;">State</span> <span style="float: right;">Zip</span>	Email <span style="float: right;">Cell</span>

