



CITY OF ELIZABETHTOWN

EMPLOYMENT APPLICATION

REVISED 1-16-19

THIS APPLICATION WILL BE HELD FOR 1 YEAR.

DATE: _____

(LAST NAME) (FIRST NAME) (MIDDLE)

PHONE NUMBER

(CURRENT ADDRESS)

EMAIL ADDRESS

(CITY) (STATE) (ZIP)

ARE YOU A U.S. CITIZEN?

☐

YES

☐

NO

(HOW LONG AT PRESENT ADDRESS?)

IF NOT A U.S. CITIZEN, DO YOU HAVE THE LEGAL
RIGHT TO WORK IN THE U.S.?

☐

YES

☐

NO

WHAT TYPE OF WORK DO YOU WANT?

DEPARTMENT OR JOB TITLE: _____

☐

FULL TIME

☐

PART TIME

☐

SEASONAL

U.S. MILITARY SERVICE?

☐

YES

☐

NO

HONORABLE DISCHARGE?

☐

YES

☐

NO

BRANCH _____

FIELD OF SERVICE _____

NOTICE: HIGH SCHOOL OR GED, COLLEGE AND/OR VOCATIONAL SCHOOL TRANSCRIPT WILL BE REQUIRED DURING INTERVIEW PROCESS.

CIRCLE HIGHEST GRADE COMPLETED

1 2 3 4 1 2 3 4 5 6

HIGH SCHOOL

COLLEGE

DEGREE (IF ANY) _____

ARE YOU AVAILABLE TO WORK ANY SHIFT?

☐

YES

☐

NO

ARE YOU AVAILABLE TO WORK OVERTIME?

☐

YES

☐

NO

ARE YOU AVAILABLE FOR STANDBY DUTY?

☐

YES

☐

NO

EDUCATION:

HIGH SCHOOL OR GED: _____

ADDRESS: _____

COLLEGE: _____

ADDRESS: _____

LIST ANY CERTIFICATIONS AND TRAINING (CDL LICENSE, WASTEWATER OPERATOR, TELECOMMUNICATOR, LIFEGUARD, ETC)

DO YOU HAVE ANY RELATIVES THAT WORK FOR THE CITY?

☐

YES

☐

NO

NAME(S) _____

HAVE YOU HAD PREVIOUS EMPLOYMENT WITH THE CITY?

☐

YES

☐

NO

IF YES, WHEN? _____

NOTES: SEPARATE APPLICATIONS ARE REQUIRED FOR POLICE AND FIRE DEPARTMENTS DUE TO CIVIL SERVICE REQUIREMENTS. A RESUME MAY BE ATTACHED TO THIS APPLICATION TO PROVIDE ADDITIONAL INFORMATION, BUT MAY NOT BE SUBSTITUTED FOR A COMPLETED FORM.

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

PRESENT OR LAST JOB:

NAME AND ADDRESS OF EMPLOYER:

TYPE OF BUSINESS:

PHONE NUMBER: _____

DATES EMPLOYED

JOB HELD

NAME OF LAST SUPERVISOR

MAY WE CONTACT?

START END

☐
YES

☐
NO

GIVE BRIEF DESCRIPTION OF DUTIES IN SPACE PROVIDED:

REASON FOR LEAVING:

SECOND LAST JOB:

NAME AND ADDRESS OF EMPLOYER:

TYPE OF BUSINESS:

PHONE NUMBER: _____

DATES EMPLOYED

JOB HELD

NAME OF LAST SUPERVISOR

MAY WE CONTACT?

START END

☐
YES

☐
NO

GIVE BRIEF DESCRIPTION OF DUTIES IN SPACE PROVIDED:

REASON FOR LEAVING:

GIVE THE NAME OF TWO REFERENCES, NOT INCLUDING RELATIVES OR PREVIOUS EMPLOYERS

NAME

RELATIONSHIP

ADDRESS

PHONE NUMBER

ACKNOWLEDGEMENTS:

I HEREBY AGREE AS A CONDITION OF MY EMPLOYMENT, TO WEAR PERSONAL SAFETY PROTECTION AND USE ANY SAFETY EQUIPMENT AS REQUIRED BY THE CITY IN THE PERFORMANCE OF MY JOB AND ABIDE BY ALL SAFETY RULES. **I HEREBY ACKNOWLEDGE THAT PRE-EMPLOYMENT DRUG TESTING IS REQUIRED AND THAT ADDITIONAL DRUG TESTING MAY BE REQUIRED FOR CONTINUED EMPLOYMENT AND I CONSENT TO THE SAME.** I HEREBY AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE CITY.

I CERTIFY THAT, AS A CONDITION OF MY EMPLOYMENT, THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS CORRECT. I UNDERSTAND THAT IF I HAVE FURNISHED FALSE INFORMATION OR OMITTED PERTINENT INFORMATION RELATING TO EMPLOYMENT, I MAY BE DISCHARGED. I HEREBY AUTHORIZE THE ADDRESSED INDIVIDUAL, COMPANY, OR INSTITUTION TO FURNISH ANY INFORMATION THEY MAY HAVE CONCERNING ME WHICH THEY HAVE ON RECORD OR OTHERWISE, AND TO HEREBY RELEASE THE ADDRESSED INDIVIDUAL, COMPANY, OR INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH, FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING SUCH RECORDS.

SIGNED: _____

DATE: _____

CITY OF ELIZABETHTOWN

Employment Screening Policy

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

City of Elizabethtown requires, as a condition of employment, and/or continued employment that all applicants consent to and authorize a verification of the information submitted on their application or resume. Please read this statement carefully.

This release and authorization acknowledges that City of Elizabethtown may now, or at any time while I am employed, conduct a verification of my education, employment history, credit history, and motor vehicle records including accident history. In addition I understand that an Investigative Consumer Report may be requested and I understand that this report may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with the reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates and personal references who have knowledge concerning such items of information. In addition City of Elizabethtown may require that I provide a urine specimen to be tested for the presence of drugs or alcohol, and may request and receive any record of criminal history or other relevant information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency, and /or other information as deemed necessary to fulfill the job requirements.

I have read and understand this release and consent and authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and agencies to provide all requested information. I release from all liability all persons, schools, current and former employers, and other organizations and agencies supplying such information. I agree that any copy of this document is as valid as the original.

I authorize Reference Services, Inc. and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representatives of City of Elizabethtown. The results may be used to determine employment eligibility under the City's employment policies. I understand that the consumer privacy policy of Reference Services, Inc. may be found on the website <http://www.refserve.com> listed under "Useful Links", and that a copy of the consumer privacy policy may also be obtained by contacting Reference Services, Inc. at 101 Plaza East Blvd, Suite 300, Evansville, IN 47715 or by telephone at (812) 474-9000.

I do hereby agree to forever release and discharge City of Elizabethtown, its agents, Reference Services, Inc. its agents as well as any and all agencies providing such information to the full extent permitted by law from any claims, damages, losses, liabilities, cost and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota or Oklahoma only and would like a copy of the investigative report, I will check here _____.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal. I also acknowledge that any employment with City of Elizabethtown is at will employment and either the City or the employee can terminate the employment relationship at any time, with or without cause, with or without notice.

NOTICE TO CALIFORNIA CANDIDATES

You have a right to obtain a copy of any consumer report or investigative consumer report obtained by City of Elizabethtown by checking the box provided below. The report will be provided to you within (3) business days after we receive the requested reports related to the mailer investigated.

☐ I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Reference Services, Inc. during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at Reference Services, Inc. in person or by mail. You may also receive a summary of the file by telephone. Reference Services, Inc. is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

Please provide all requested information and provide addresses for the last seven (7) years

Applicant's Name, Printed - Last, First, Middle		Sex	Race	Maiden Or Other Name(s) Used
Current Address - City, State, Zip			How Long	County
Previous Address - City, State, Zip			How Long	County
Previous Address - City, State, Zip			How Long	County
Social Security Number		Date Of Birth		
Print Name As It Appears On Driver's License		State	Driver's License Number	
May We Contact Present Employer For Reference?				
Yes > <input type="checkbox"/> No > <input type="checkbox"/>		Signature _____ Date _____		