

**City of Auburn  
APPLICATION FOR EMPLOYMENT**

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

**PLEASE COMPLETE ALL  
PAGES 1-4**

The City of Auburn is an Equal Employment Opportunity Employer. We do not make employment decisions based on race, color, religion, sex, national origin, ancestry, sexual preference, marital status, age or disability or any other legally protected status.

City of Auburn promotes a Drug & Alcohol Free Workplace  
IF you need assistance, please ask.



Name \_\_\_\_\_ Date \_\_\_\_\_  
                    Last                    First                    Middle

Present address \_\_\_\_\_  
  Number  Street  City  State  Zip

If less than three years, give prior address(s):  
 \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position(s) applied for (1) \_\_\_\_\_  
 Please Be Specific (2) \_\_\_\_\_  
 Salary Desired \$ \_\_\_\_\_ Minimum Acceptable \$ \_\_\_\_\_  
 How many hours can you work weekly? \_\_\_\_\_  
 Can you work nights, if job requires? \_\_\_\_\_  
 Date Available for Work \_\_\_\_\_

**Employment Desired**     FULL-TIME ONLY     PART-TIME ONLY     FULL/PART-TIME     TEMPORARY     OTHER

**EDUCATIONAL BACKGROUND**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School Professional School				

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?**     Yes     No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.  
 \_\_\_\_\_

**COMPLETE THIS SECTION IF THE JOB APPLIED FOR REQUIRES YOU TO DRIVE A CITY VEHICLE**

**DO YOU HAVE A DRIVER'S LICENSE?**     Yes     No     Operator     Commercial (CDL)     Chauffeur

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration date \_\_\_\_\_

Have you had any motor vehicle accidents during the past three years?     Yes     No    If yes, how many? \_\_\_\_\_

Have you had any moving violations during the past three years?     Yes     No    If yes, how many? \_\_\_\_\_

**CDL DRIVERS ONLY** PROVIDE YOUR DATE OF BIRTH [FMCS REGS SEC. 391.21]    MO \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_



**Please list three references. Do not list relatives or previous employers.**

Name _____	Name _____	Name _____
Position _____	Position _____	Position _____
Company _____	Company _____	Company _____
Address _____	Address _____	Address _____
_____	_____	_____
Telephone ( ) _____	Telephone ( ) _____	Telephone ( ) _____

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. For example, if you are applying for a job that requires a Commercial Driver's License (CDL), please explain the nature and extent of your experience operating motor vehicles.

**PLEASE READ CAREFULLY**  
**APPLICATION FORM WAIVER**

Please initial each line, as indicated. Only completed and signed applications will be considered.

In exchange for the consideration of my job application by the City of Auburn (hereinafter called "the City"), I agree that:

\_\_\_\_\_ Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other City practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the City, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument approved and signed by the Board of Public Works of the City.

\_\_\_\_\_ I further understand, my employment with the City shall be an introductory period for up to 90-days, and further that at any time during the introductory period or thereafter, both the undersigned and the City may at will end the employment relationship at any time, without specified notice or reason.

\_\_\_\_\_ If employed, I understand that the City may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

\_\_\_\_\_ I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the City permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the City from any liability as a result of such contact.

\_\_\_\_\_ I also understand that (1) the City has a drug and alcohol policy that provides for pre-employment testing, as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

\_\_\_\_\_ I understand that, in connection with the routine processing of your employment application, the City may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and/or mode of living. Upon written request from me, the City will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Signature of applicant \_\_\_\_\_

Date: \_\_\_\_\_

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*Thank you for completing this application form and for your interest in the City of Auburn.*

*City of Auburn*

*210 East Ninth Street*

*P.O. Box 506*

*Auburn, IN 46706*

[www.ci.auburn.in.us](http://www.ci.auburn.in.us)



City of Auburn

**Authorization and Release**

I hereby authorize the City of Auburn to check my employment history, including without limitation any person, educational institution, or company(s) I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment and seek release of investigatory information regarding the employment process, including but not limited to, a driver record check, a criminal history possessed by a private or public employer or any local, state or federal agency.

I authorize any private or public employer or any local, state or federal agency or any former employers, educational institutions, and other persons giving references to provide the City of Auburn any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by the City of Auburn for a position. I hereby authorize any physician, laboratory, hospital or medical professional retained by the City of Auburn for screening purposes to conduct such screening and to provide the results to the City of Auburn, and I release the City of Auburn and any person affiliated with the City of Auburn and any such institution or person conducting the screening, from liability therefore.

I EXPRESSLY WAIVE IN CONNECTION WITH ANY REQUEST FOR, OR PROVISION OF SUCH INFORMATION, ANY CLAIMS, CAUSES OR ACTIONS, INCLUDING WITHOUT LIMITATION, DEFAMATION, INFLICTION OF EMOTIONAL DISTRESS, INVASION OF PRIVACY, OR INTERFERENCE WITH CONTRACTUAL RELATIONS THAT I MIGHT OTHERWISE HAVE AGAINST THE CITY OF AUBURN, ITS OFFICIALS, EMPLOYEES, TRUSTEES OR AGENTS, OR AGAINST ANY PROVIDER OF SUCH INFORMATION.

I HAVE READ THIS AUTHORIZATION AND RELEASE OF ALL CLAIMS, AND I EXPRESSLY AGREE TO THE TERMS SET OUT HEREIN.

*This document is not to be construed as a contract for employment*

Print Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date: \_\_\_\_\_

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**HR DEPARTMENT USE ONLY: CDL and Drivers of City Vehicles or Drive for City Business**

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Driver License # / Exp. Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Equal Employment Opportunity Form

(PLEASE PRINT)

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Position and Department Applied for \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  Website  
 Employment Agency  Employee Referral  Educational Institute  Workforce Development

Other: Please explain \_\_\_\_\_

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The following information is gathered to comply with Federal and State Agency Affirmative Action and Fair Employment requirements. Information provided will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.

**Sex:**

Male  Female

**Race/Ethnicity:**

**American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment

**Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

**Black or African American** - A person having origins in any of the Black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

**White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Hispanic or Latino (All races)** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Veteran** covered by the Vietnam Era Veteran's Act of 1974