

APPLICATION FOR EMPLOYMENT

<p>PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE</p> <p>PLEASE COMPLETE ALL PAGES 1-4</p>	<p>The City of Auburn is an Equal Employment Opportunity Employer. All employment decisions are made on a non-discriminatory basis, and without regard to sex, race, color, age, national origin, religion, disability, work-related injury, genetic information, marital status, sexual orientation, gender identity/reassignment or expression, citizenship, pregnancy or maternity, veteran status, political ideology, or any other status protected by applicable national, federal, state or local law.</p> <p>City of Auburn is a Drug & Alcohol Free Workplace</p> <p>The City of Auburn is an enrolled employer in the E-Verify Program, verifying the work eligibility status of its new employees and will remain so until that program no longer exists.</p>	 <p>AUBURN INDIANA <i>Home of the Classics</i></p>																				
<p>Name _____ Date _____</p> <p>Present address _____</p> <p>If less than 3 years, give prior address(es): _____</p> <p>Telephone (_____) _____ Cell (_____) _____ Email _____</p> <p>If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Position(s) applying for (1) _____ How many hours can you work weekly? _____ (2) _____ Can you work nights, if job requires? _____</p> <p>Desired Salary \$ _____ Minimum Acceptable \$ _____ Date Available for Work _____</p> <p>Employment Desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL/PART-TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> OTHER</p> <p>Do you have any relative(s), including by blood, marriage or adoption, who is/are current City of Auburn employee(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name(s) & Department(s): _____</p>																						
<p>EDUCATION BACKGROUND</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">TYPE OF SCHOOL</th> <th style="width: 20%;">NAME OF SCHOOL</th> <th style="width: 20%;">LOCATION (Complete Mailing Address)</th> <th style="width: 20%;">NUMBER OF YEARS COMPLETED</th> <th style="width: 20%;">MAJOR & DEGREE</th> </tr> </thead> <tbody> <tr> <td>High School</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>University / College</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Business, Trade or Professional School</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>License(s)/Certification(s) Type(s) & Expiration _____</p> <p>HAVE YOU EVER BEEN CONVICTED OF A FELONY that has not been expunged, restricted, or sealed by a judge in the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must disclose for each conviction: date, charge, city, state and disposition _____ _____ _____</p>			TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Mailing Address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE	High School					University / College					Business, Trade or Professional School				
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<p>ONLY COMPLETE THIS SECTION IF THE JOB APPLIED FOR REQUIRES YOU TO DRIVE A CITY VEHICLE</p> <p>DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur</p> <p>Driver's license number _____ State of issue _____ Expiration date _____</p> <p>Have you had any motor vehicle accidents during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____</p> <p>Have you had any moving violations during the past three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____</p>																						
<p>CDL DRIVERS PROVIDE YOUR DATE OF BIRTH [FMCS REGS SEC. 391.21] MO _____ DAY _____ YEAR _____</p>																						
<p>EMERGENCY CONTACT</p> <p>Name _____ Relationship _____ Contact Number (_____) _____</p>																						

SPECIALIZED SKILLS					
Typing	<input type="checkbox"/> Yes	_____ WPM	10-key	<input type="checkbox"/> Yes	_____ WPM
	<input type="checkbox"/> No			<input type="checkbox"/> No	Word Processing <input type="checkbox"/> No
Personal Computer	<input type="checkbox"/> Yes	<input type="checkbox"/> PC	Equipment/Machinery _____		
	<input type="checkbox"/> No	<input type="checkbox"/> Mac	Other Skills _____		
JOB RELATED MILITARY TRAINING <input type="checkbox"/> Yes <input type="checkbox"/> No					
Branch/Specialty _____		Entry Date _____		Discharge Date _____	
WORK EXPERIENCE		Please list your work experience from the past ten years beginning with your current/ most recent job. If you are/were self-employed, give name of the business. May we contact you current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of employer Address City, State, Zip Code Phone Number Reason for leaving (be specific)		Name of last supervisor	Employment Dates		Pay or Salary
			From _____	To _____	Start Final
		Your last job title			
List the duties performed, skills used or learned, advancements or promotions while you worked at this company.					
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Please list three professional references. Do not use relatives or personal friends.

Name _____ Name _____ Name _____

Position _____ Position _____ Position _____

Company _____ Company _____ Company _____

Address _____ Address _____ Address _____

Phone (____) _____ Phone (____) _____ Telephone (____) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. 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**

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 exchange 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. Both the undersigned and the City may 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 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.

I further understand that my employment with the City shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the City is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

Did you complete this application yourself? [] Yes [] No

If no, who assisted you and why? _____

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The City of Auburn is an enrolled employer in the E-Verify Program, verifying the work eligibility status of its new employees and will remain so until that program no longer exists.

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



City of Auburn

EQUAL EMPLOYMENT OPPORTUNITY (EEO) / VOLUNTARY SELF-IDENTIFICATION FORM

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

The City of Auburn is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the City invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

This form will be kept in a confidential file separate from your application for employment.

Name (Last, First, MI): _____

Position: _____

City, State, Zip Code: _____

Gender Identification (check one)

Female Male

Race/Ethnic Identification (check one)

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If you did not check “Hispanic or Latino” above, please select one of the following race/ethnic identifications.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – 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.

American Indian or Alaska Native (Not Hispanic or Latino). A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.

Decline self-identification.

Veteran’s Group (check one)

Non-Vietnam Era Veteran **Decline self-identification**

Vietnam Era Veteran **Disabled Vietnam Era Veteran**

Disabled Non-Vietnam Era Veteran **Veteran’s Widow-Widower**

Disability (check one)

Yes, I have (or previously had) a disability **Not a Veteran**

Decline self-identification

No, I do not have a disability

Applicant’s Signature

Date