



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry	
		<input type="checkbox"/> Other	
Last Name		First Name	
		Middle Name	
Address	Number	Street	City State Zip Code
Telephone Number(s)		Social Security Number (voluntary) ____/____/____	

Best time to contact you at home is: _____ AM _____ PM _____

If you are under 18 years of age, can you provide required eligibility to work? _____ Yes _____ No proof of your

Have you ever filed an application with us before? _____ Yes _____ No
If Yes, give date _____

Have you ever been employed with us before? _____ Yes _____ No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? _____ Yes _____ No If Yes, state name, relationship and location _____

Are you currently employed? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Are you prevented from lawfully becoming employed in this _____ Yes _____ No country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment

Date available for work ____/____/____ What is your desired salary range? _____

Are you able to work: Full Time(Please indicate 1 2 3 shift)
Part Time(Please indicate Mornings Afternoon Evenings)
 Temporary(Please indicate dates available ____/____ - ____/____)

Are you currently on "lay-off" status and subject to recall? _____ Yes _____ No

Can you travel if a job requires it? _____ Yes _____ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address of School	Course of Study	No of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number (s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number (s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number (s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			

Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number (s)			
Starting/Present Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			

Reason for Leaving	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
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Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities

Describe any job-related training received in the United States military

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	WPM _____

WPM _____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____ Yes _____ No

PERSONAL/PROFESSIONAL REFERENCES		Do not include family members or past supervisors.	
Name	Phone Number	Best Time to Call	Occupation
1			
2			
3			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant	Date

CITY OF AUBURN

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN: I am an applicant for a position with the City of Auburn. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the City. I hereby authorize any representative of the City of Auburn bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Auburn, whether said records are of public, private, or confidential nature. The intent of this authorization is to provide full and free access to the background and history of any personal life, for the specific purpose of pursuing a background investigation that my provide pertinent data for the City of Auburn to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work records, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed. I hereby release you, your organizations, and all others from liability or damages that my result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Auburn regardless of any agreement I may have made with you previously to the contrary. The governmental organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Auburn, acceptance and processing of my application for employment, I agree to hold the custodian of such records, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Auburn. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Auburn in conjunction with employment procedures. A photocopy of FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on the rear of this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signed this _____ day of _____ 20____

Applicant signature: _____

Print Name: _____

Notary Public: _____

Seal _____ Date _____