

Employment Application

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

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

B	Does anyone in your immediate family work here? If yes, list name(s), relationship(s), and department(s).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If Yes, give date	_____		
	Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	If Yes, give date	_____		
	Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<i>Proof of citizenship or immigration status will be required upon employment.</i>			
	On what date would you be available for work?	_____		
Are you available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Shift Work	<input type="checkbox"/> Temporary
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever been convicted of any violation, misdemeanor, or felony as an adult (over the age of 18)? If yes, please explain, including date(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

C	EDUCATION:		ELEMENTARY				HIGH				COLLEGE/UNIVERSITY				GRADUATE/PROFESSIONAL				
	1	NAME AND LOCATION OF SCHOOL																	
	2	YEARS COMPLETED (CHECK)		5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
	3	DIPLOMA/DEGREE YEAR RECEIVED																	
	4	MAJOR FIELD OF STUDY																	
	5	AREA(S) OF SPECIALIZED TRAINING:																	
	6	TITLE OF THESIS AND SPECIAL RESEARCH PROJECT(S):																	
	7	HONORS RECEIVED:																	
	8	VOCATIONAL OR TECHNICAL SCHOOL ATTENDED:																	
	9	SPECIAL SKILL(S) OR CERTIFICATE(S) ACHIEVED:																	
10	SHORTHAND <input type="checkbox"/> YES <input type="checkbox"/> NO WPM:						11	TYPING <input type="checkbox"/> YES <input type="checkbox"/> NO WPM:											

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

1. _____

2. CURRENT HOBBIES, INTERESTS, OR FAVORITE RECREATION

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

	Address	Phone #
1. _____		
2. _____		
3. _____		

D	1.	BRANCH OF U.S. MILITARY SERVICE FROM (MO/YEAR) TO (MO/YEAR)	2.	HIGHEST RANK ATTAINED
	3.	MILITARY OCCUPATION SPECIALTY AND/OR MAJOR DUTIES	4.	WAS DISCHARGE HONORABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO
	5.	ADDITIONAL COMMENTS		

Employment Experience

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

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

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

PLEASE READ THE FOLLOWING BEFORE COMPLETING APPLICATION

E ACKNOWLEDGEMENTS	1.	I certify that the answers given herein are true and complete to the best of my knowledge.	
	2.	I authorize investigation of all statements contained in this employment application as may be necessary in arriving at an employment decision.	
	3.	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.	
	4.	I understand that this application is the property of the employing organization. This application must be signed and dated before I will receive consideration for employment.	
	5.	Signature (Please sign - Do not type or print)	6.

NOTE: A Resume may be attached to the application to provide additional information, but may not be substituted for a completed and signed Employment Application Form.

FOR PERSONNEL DEPARTMENT USE ONLY	
Position(s) Applied For Is Open:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position(s) Considered For:	_____

	Date _____

NOTES:

Received by: _____

DISCLOSURE AND AUTHORIZATION REGARDING PROCUREMENT OF BACKGROUND REPORTS

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

City of Shelbyville

In connection with my application for employment (including contract for services), I understand that investigative background inquiries are to be made on me which may include consumer credit, criminal convictions, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences. If I include a current employer for verification, I may jeopardize my position within that company.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from VeriCORP, Inc. and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract) and have received a copy of the Consumer Reports Notification regarding pulling of such consumer reports.

Applicant Signature: _____ Date: _____

Please PRINT clearly: Position applied for: _____

Name: _____ Maiden / AKA: _____
First Middle Last

Soc. Sec. #: _____ *Sex: _____ *Race: _____ *Date of Birth: _____

Current Address: _____ County: _____

City: _____ State: _____ Zip: _____ How long: _____ to _____

Previous Address: _____ County: _____

City: _____ State: _____ Zip: _____ How long: _____ to _____

Motor Vehicle Report

Name as it appears: _____ License #: _____ State held: _____

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during our background investigation. 03/06/01

VOLUNTARY SURVEY

DEPARTMENT OF PERSONNEL

EEO DATA INFORMATION

The Civil Rights Act of 1964, Title VII-Equal Employment Opportunity prohibits discrimination based on race, color, religion, sex or national origin. This employer complies with this Act and various other Federal Government regulations prohibiting discrimination because of age, marital or veteran status, medical condition or handicap.

We must make periodic reports to the Federal Government to reveal whether or not the entire personnel operation is in compliance with the various laws dealing with Equal Employment Opportunity. We ask your assistance with our reporting requirements by completing this form. This information will not be used in the employment process; it will be used only for compiling and reporting statistical data relevant to personnel operations after all phases of the employment process are completed. To insure compliance, this page will be removed and kept in a Confidential File separate from the Employment Application Form.

NAME _____ SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

ADDRESS _____
STREET, ROUTE OR BOX CITY STATE ZIP CODE

POSITION APPLIED FOR _____ DATE _____

METHOD OF RECRUITMENT (Please specify or give name of publication):

A. Newspaper _____

B. Professional Publication _____

C. Referral _____

D. Other _____

PLEASE CHECK (✓) APPROPRIATE BOX:

Sex: Male Female

Race: African American White Hispanic American Indian/Alaskan Native

Asian/Pacific Islander

"Failure to complete this form does not preclude the applicant's consideration for the position applied for."

— AN EQUAL OPPORTUNITY EMPLOYER