



APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____

Name _____ Date _____
Last First Middle

Address _____
Street City State Zip

Telephone # (____) _____ Cellular/Other # (____) _____

E-mail Address _____

Referral Source (How did you hear about us?) _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

If **no**, please explain: _____

Have you ever been employed here before? Yes No

If **yes**, give dates and positions: _____

Is this application a request for reemployment following an extended military leave of absence from this company? Yes No

If **yes**, additional information may be requested.

Are you legally eligible for employment in this country? Yes No

Date available for work ___/___/___ What is your desired salary range? \$_____

Type of employment desired: Full-time Part-Time Temporary Seasonal

Are you able to perform the functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

... Yes No Need more information about the job

Do you possess a valid Driver's license? Yes No

Please provide: License # _____ State _____ Expiration Date _____

Do you possess a valid Commercial Driver's License? Yes No

Please provide: License # _____ State _____ Expiration Date _____

Answering “yes” to either part of the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you been convicted of a DUI within the last 10 years? Yes No

If yes, please provide date(s) and place: _____

Have you ever pled “guilty” or “no contest” to, or been arrested or convicted of, a crime? Yes No

If yes, please provide date (s) and details: _____

Employment History

Starting with your most recent employer, provide the following information.

Employer _____	Telephone # _____ (____) _____	From _____/To _____
Street address _____	City _____ State _____	Salary: Starting \$ _____ Final \$ _____
Starting job title/final job title _____		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Immediate supervisor and title (for most recent position held) _____		May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Why did you leave? _____		E-mail: _____
Summarize the type of work performed and job responsibilities _____		

Employer _____	Telephone # _____ (____) _____	From _____/To _____
Street address _____	City _____ State _____	Salary: Starting \$ _____ Final \$ _____
Starting job title/final job title _____		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Immediate supervisor and title (for most recent position held) _____		May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Why did you leave? _____		E-mail: _____
Summarize the type of work performed and job responsibilities _____		

Employer _____	Telephone # _____ (____) _____	From _____/To _____
Street address _____	City _____ State _____	Salary: Starting \$ _____ Final \$ _____
Starting job title/final job title _____		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary
Immediate supervisor and title (for most recent position held) _____		May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Why did you leave? _____		E-mail: _____
Summarize the type of work performed and job responsibilities _____		

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying: _____

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

- | | | | |
|--|-------------|---|-------------|
| <input type="checkbox"/> Word Processing | Years _____ | <input type="checkbox"/> E-mail | Years _____ |
| <input type="checkbox"/> Spreadsheet | Years _____ | <input type="checkbox"/> Internet | Years _____ |
| <input type="checkbox"/> Presentation | Years _____ | <input type="checkbox"/> Other | Years _____ |

Educational Background

Please provide the following information:

Last High School attended School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

College or University School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

Graduate or Special Work School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

Trade, Business or Correspondence School (include City & State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

U.S. Military Service

Branch of Service _____ From: ___/___/___ to ___/___/___
 Rank & Type of Service: _____
 Training/Experience Received: _____

References

List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			()		
			()		
			()		

There is no guarantee of a job offer or a job interview in completing our application. Your application will be considered with others who have submitted applications and decisions about interviews will be based on this comparison.

This application must be completely filled out in order for it to be considered for employment.

The City of Fairmont requires all individuals being offered full-time or part-time employment to submit to a physical examination, drug and alcohol screening. Satisfactory completion of the physical examination and negative results of the drug and alcohol screening will allow the applicant to fill the position which has been offered.

Physical findings, which may limit your ability to perform the essential duties of the position or any positive results of the drug and alcohol screening, may result in a retraction of the offer of employment. The City of Fairmont maintains a “Drug Free Workplace.”

Federal HIPAA laws have affected the way we handle your personal health information. We are currently developing our HIPAA compliance plan; however, we have already taken several steps to maintain the privacy of your records. In order for your test and examination results to be released to the City for our review and your subsequent employment, it will be necessary for you to sign a HIPAA Compliant Release which authorized the City of Fairmont to obtain this information from the Med Express facility where your physical examination takes place.

The City of Fairmont has the right to complete a local criminal background check if desired. Criminal findings may result in a retraction of the offer of employment for any full-time, part-time or a temporary position.

Failure to sign a HIPAA Compliant Release authorizing the City to review your Personal Health Information as it relates to post offer/pre-employment physical and drug and alcohol screening; Failure to submit a physical examination; and/or Failure to submit to drug and alcohol screening will result in forfeiture of your position with the City of Fairmont and the employment offer will be retracted.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the City of Fairmont is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the City of Fairmont does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the City of Fairmont reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the City of Fairmont is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Manager for the City of Fairmont.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

The City of Fairmont does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. The City of Fairmont likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. The company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

You may be subject to the following checks:
EMPLOYMENT REFERENCE CHECK FROM FORMER EMPLOYERS
CRIMINAL AND/OR BACKGROUND RECORD CHECK
CREDIT HISTORY CHECK
PHYSICAL, DRUG AND ALCOHOL SCREENING
FINGERPRINT CHECK
DRIVER'S HISTORY CHECK

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____

AN EQUAL OPPORTUNITY EMPLOYER