


## APPLICATION FOR EMPLOYMENT

<p><b>PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE</b></p> <p><b>PLEASE COMPLETE ALL PAGES 1-4</b></p>	<p>The City of Auburn is an <b>Equal Employment Opportunity Employer</b>. 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 style="text-align: center;"><b>City of Auburn is a Drug &amp; Alcohol Free Workplace</b></p> <p>The City of Auburn is an enrolled employer in the <b>E-Verify Program</b>, verifying the work eligibility status of its new employees and will remain so until that program no longer exists.</p>	
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Name \_\_\_\_\_ Date \_\_\_\_\_

Present address \_\_\_\_\_

If less than 3 years, give prior address(es): \_\_\_\_\_

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

If under 18, do you have a work permit?  Yes  No

Are you eligible to work in the United States?  Yes  No

Position(s) applying for (1) \_\_\_\_\_ How many hours can you work weekly? \_\_\_\_\_

(2) \_\_\_\_\_ Can you work nights, if job requires? \_\_\_\_\_

Desired Salary \$ \_\_\_\_\_ Minimum Acceptable \$ \_\_\_\_\_ Date Available for Work \_\_\_\_\_

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

**Do you have any relative(s), including by blood, marriage or adoption, who is/are current City of Auburn employee(s)?**  Yes  No

**Name(s) & Department(s):** \_\_\_\_\_

**EDUCATION BACKGROUND**

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				

License(s)/Certification(s)  
Type(s) & Expiration \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A FELONY that has not been expunged, restricted, or sealed by a judge in the past 7 years?**  Yes  No

If yes, you must disclose for each conviction: date, charge, city, state and disposition \_\_\_\_\_

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

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number (\_\_\_\_\_) \_\_\_\_\_

SPECIALIZED SKILLS			
<b>Typing</b> <input type="checkbox"/> Yes    _____ WPM <input type="checkbox"/> No	<b>10-key</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Word</b> <input type="checkbox"/> Yes    _____ WPM <b>Processing</b> <input type="checkbox"/> No	
<b>Personal</b> <input type="checkbox"/> Yes <input type="checkbox"/> PC <b>Computer</b> <input type="checkbox"/> No <input type="checkbox"/> Mac	<b>Equipment/Machinery</b> _____ <b>Other Skills</b> _____		
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 <u>past ten years</u> 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			
<b>Name of employer</b> Address City, State, Zip Code  Phone Number Reason for leaving (be specific)	Name of last supervisor	Employment Dates  From To	Pay or Salary  Start Final
Your last job title			
List the duties performed, skills used or learned, advancements or promotions while you worked at this company.			
<b>Name of employer</b> Address City, State, Zip Code  Phone Number Reason for leaving (be specific)	Name of last supervisor	Employment Dates  From To	Pay or Salary  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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Your last job title			
List the duties performed, skills used or learned, advancements or promotions while you worked at this company.			

**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? \_\_\_\_\_

**The City of Auburn is an Equal Employment Opportunity & E-Verify Employer.**  
We adhere to a policy of making 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.

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](http://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**

**Vietnam Era Veteran**

**Disabled Non-Vietnam Era Veteran**

**Decline self-identification**

**Disabled Vietnam Era Veteran**

**Veteran’s Widow-Widower**

**Not a Veteran**

**Disability (check one)**

**Yes, I have (or previously had) a disability**

**Decline self-identification**

**No, I do not have a disability**

\_\_\_\_\_  
**Applicant’s Signature**

\_\_\_\_\_  
**Date**