

If driving may be required in the job for which you are applying, provide:

Driver's License No: _____ State: _____ Type/Class: _____

For purposes of verifying past employment and schools attended, please list any other names you have used: _____

EDUCATION

Type of School	Name of School City and State	Number of Yrs Completed	Graduate?		Course Pursued / Degrees Granted
			Yes	No	
High School					
College or University					
Business, Trade, Technical, or Correspondence School or College					

List any special job-related skills, software, and qualifications acquired from education, employment, volunteer work or military service.

List specific skills related to technology, communications, customer service, machines, tools, machinery or other equipment that will be helpful in performing responsibilities of the position(s) for which you are applying _____

PERSONAL REFERENCES

List the name, address and telephone number of two references that are NOT related to you and are NOT previous employers.

1. _____ () _____
Name Telephone No. How Do You Know This Person

Complete Address That Includes House Number, Street/Road, City, State and Zip

2. _____ () _____
Name Telephone No. How Do You Know This Person

Complete Address That Includes House Number, Street/Road, City, State and Zip

EMPLOYMENT RECORD

Starting with your present or most recent job, list all your employment experience, including part-time or temporary employment. Do not omit any experience. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment.
NOTE: RESUMES MAY BE SUBMITTED BUT WILL NOT BE ACCEPTED IN THE PLACE OF THE INFORMATION REQUESTED BELOW.

Employer	Employment Dates	Kind of Work Performed
Complete Address	From	
City/State/Zip	To	Reason for Leaving: ____ Discharge ____ Voluntary Resignation ____ Involuntary Resignation
Telephone	Salary / Hourly Rate	
Job Title	Starting	
Immediate Supervisor	Final	
Employer	Employment Dates	Kind of Work Performed
Complete Address	From	
City/State/Zip	To	
Telephone	Salary / Hourly Rate	Reason for Leaving: ____ Discharge ____ Voluntary Resignation ____ Involuntary Resignation
Job Title	Starting	
Immediate Supervisor	Final	
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Immediate Supervisor	Final	
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City/State/Zip	To	
Telephone	Salary / Hourly Rate	Reason for Leaving: ____ Discharge ____ Voluntary Resignation ____ Involuntary Resignation
Job Title	Starting	
Immediate Supervisor	Final	

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

May we contact the employers listed above? _____ Yes _____ No If no, indicate which one(s) you do NOT wish us to contact and provide the reason why you prefer that we do not contact the employer(s). _____

Have you ever been permitted to resign rather than be discharged or asked to resign from any position? _____ Yes _____ No
 If yes, please state the employer, and the reason for the discharge or resignation. _____

APPLICANT'S STATEMENT

(Please indicate that you have read and understand each paragraph of the Applicant's Statement including, if attached, the Criminal History Addendum by placing your initials beside each paragraph)

Initials

	I completed this application and confirm all information in it is TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information (except omitted criminal history information that is protected from disclosure by state or local law) may result in the rejection of my application, the revocation of an offer of employment, or discharge.
	I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, through a credit check, a criminal check and/or driver's record check. This inquiry may include information as to, among other things, my character, general reputation and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statement of references, former employers or others that are given in response to the inquiry. If the City of Warsaw decides to obtain a consumer credit report, I understand that the City of Warsaw will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.
	I hereby release all parties, including but not limited to the City of Warsaw, personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action the City of Warsaw takes on the basis of such information.
	I understand that, if I am offered a job, as a condition of beginning my employment, I may be required to undergo a physical examination and will be required to undergo a drug screen. I hereby authorize a doctor, hospital, clinic, laboratory and/or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse, as the City is a drug and alcohol free employer.
	I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. I understand that any offer of employment is contingent upon my ability to produce the required documentation within legal time period.
	I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by the City of Warsaw. I further understand that statements which may be contained in policies, practices, handbooks or any other material do not create any guarantee of employment and that the City of Warsaw has the right to modify, amend or terminate policies, practices, benefits plans or other programs within the limits and requirements imposed by law. I understand that no representative of the City of Warsaw, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.
	I understand that, upon employment, I will sign an agreement relating to confidential information, if required.
	I certify that I am not bound by any employment contract or non-competition agreement that would be breached by any employment that might be offered to me by the City of Warsaw, nor am I in possession of nor will I at any time reveal to the City of Warsaw, under any circumstances, any proprietary or confidential information that is the subject of any contract, non-disclosure agreement or prior work relationship involving any other person or entity.
	I understand that some departments with the City provide service seven days per week and twenty-four hours per day, and therefore, if employed by such a department, I may be required to work day, evening, or night shifts, including weekends and holidays.

Signature of Applicant

Date

NOTE: Submission of an application to the City does not guarantee a position or interview. Applications not completed including phone numbers and complete addresses where required may not be considered of employment. Resume' can be attached, but application needs to be complete. We are an at-will employer. Thank-you for applying with the City of Warsaw.

This Application Will Not Be Considered Active After Posted Position Applying For Is Filled

We Are An Equal Opportunity Employer

CITY OF WARSAW
Employment Reference Request Current/Former Employer

We Are An Equal Opportunity Employer
574-372-3373 office
574-372-3256 fax

I authorize the City of Warsaw to check my employment and personal references, and to seek the release of investigatory information possessed by any private or public employer, and local, state, or federal agencies to provide the City any information they may release concerning the matters described below, and I will cooperate so that the information is released in a timely manner.

I understand that this information will be obtained by personal interview, contacting former or current employers, reference forms with third parties, law enforcement agencies, co-workers and others. This inquiry may include information as to my character, general reputation, personal characteristics, work habits and mode of living, which may be applicable.

I hereby release from liability, the employer and its representatives from seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

In addition, I waive in connection with any request for, or provisions of such information, and claims or cause of actions, including without limitation, defamation, infliction or emotional distress, invasion of privacy, or interference with contractual relations that I might claim or otherwise have against the City of Warsaw, its officials, employees, elected officials, or against any provider of information related to this application or the application process.

Signature of Applicant

Date

Social Security Number: XXX-XX-

Release To Order Motor Vehicle Report

I have read the City of Warsaw Job Posting or Position Description for the position I have applied for and it states that having a valid/current driver's license with the ability to be insurable at a reasonable cost is required to fulfill the job requirements.

By my signature, I acknowledge the City of Warsaw may obtain a report of my driving record from the Bureau of Motor Vehicles, and the information contained therein may be used to determine my eligibility for employment.

Signature: _____ Name Printed: _____

Driver's License Number: _____

We Are An Equal Opportunity Employer

EMPLOYMENT APPLICATION
CRIMINAL HISTORY ADDENDUM

A conviction, plea, or pending charges will not necessarily disqualify you from consideration for employment. The effect of a conviction, plea, or pending charges will be assessed with respect to time, circumstances, seriousness of the offense, and job responsibilities and duties. However, your failure to disclose a conviction, plea, or pending charge (except convictions, pleas, or pending charges protected from disclosure by state or local law) will disqualify you from consideration for employment or will result in termination of employment if subsequently discovered.

- I. Do you have any pending charges for a felony or misdemeanor? Yes No
- a. If yes, state the nature of the pending charges, the date, the court and jurisdiction in which they are pending, and the cause (or other identifying) number, and fully explain: _____
- _____
- _____
- _____
- _____

- II. Have you been convicted of or pled guilty or no contest to a felony or misdemeanor other than a minor traffic- related infraction? **Do not answer "yes" if your conviction record has been annulled, expunged, sealed, pardoned, erased, restricted, eradicated, or impounded or is otherwise protected from disclosure by law.** Yes No
- a. If yes, state the nature of the conviction or plea, the date, the court and the jurisdiction, the cause (or other identifying) number, and fully explain: _____
- _____
- _____
- _____

VOLUNTARY AFFIRMATIVE ACTION SURVEY

TO BE COMPLETED BY APPLICANT – TO BE FILED SEPARATELY FROM APPLICATION

City of Warsaw, located in Indiana / An Equal Opportunity Employer

The City of Warsaw does not discriminate on the basis of race, color, gender, national origin, age, religion, or disability in employment or the provision of services.

*** Completion Of Information Below Is Voluntary ***

Please be advised that your survey is considered confidential information and it is NOT a part of your official application for employment. Inclusion or exclusion of any data will NOT affect any employment decision.

In an effort to comply with government requirements regarding recordkeeping, reporting and other legal obligations, we ask that you complete this application data survey. *Thank you for your cooperation.*

- **PERSONAL INFORMATION**

Date _____

Applicant's Name _____

Address _____ City/State/Zip _____

Position Applied For _____

- **REFERRAL SOURCE**

Check The Following That Are Applicable:

Advertisement	
City Employee	
Relative	
Walk-In	
School	
Other	
Name of Source (if applicable)	
Government Employment Agency	
Private Employment Agency	

- **GOVERNMENT REQUESTED INFORMATION**

Male _____ Female _____

Check One Of The Following Race / Ethnic Groups:

Black or African American	
White	
Asian	
Native Hawaiian or Other Pacific Islander	
Native American or Alaskan Native	
Hispanic or Latino	
Two Or More Races	

Check The Following That Are Applicable:

Veteran	
Disabled Veteran	
Vietnam Era Veteran	
Disabled Individual	