

City of Auburn Application for Employment

PLEASE PRINT OF TYPE

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 City of Auburn.

Position(s) applied for _____ Date of Application ____/____/____

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip Code

Telephone (____) _____ Other Phone (____) _____ Social Security _____

Have you ever been employed here before? _____ Yes No

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

Date available to begin work _____/_____/_____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Are you able to meet the attendance requirements of the position? _____ Yes No

Have you been convicted of a crime in the last seven (7) years? _____ Yes No

If yes, please explain _____

CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT, EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.

Driving license number if driving is essential job function _____ State _____

Educational Background IF JOB-RELATED

| NAME AND LOCATION | YEARS COMPLETED | YEAR OF GRADUATION | | MAJOR COURSE OF STUDY |
|-------------------|-----------------|--------------------|--------|-----------------------|
| HIGH SCHOOL | | | | |
| COLLEGE | | MAJOR | DEGREE | |
| OTHER | | | | |

Employment History

Provide the following information for your past four (4) employers, assignments or volunteer activities, starting with the most recent.

| | | | |
|--------------------------------|----|---|------------------|
| FROM | TO | EMPLOYER | TELEPHONE () |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR AND TITLE | | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES | |
| REASON FOR LEAVING | | HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____ | |
| FROM | TO | EMPLOYER | TELEPHONE () |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR AND TITLE | | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES | |
| REASON FOR LEAVING | | HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____ | |

| | | | |
|-----------|----|----------|------------------|
| FROM | TO | EMPLOYER | TELEPHONE () |
| JOB TITLE | | ADDRESS | |

| | | | |
|--------------------------------|----|---|------------------|
| IMMEDIATE SUPERVISOR AND TITLE | | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES | |
| REASON FOR LEAVING | | HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____ | |
| FROM | TO | EMPLOYER | TELEPHONE () |
| JOB TITLE | | ADDRESS | |
| IMMEDIATE SUPERVISOR AND TITLE | | SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES | |
| REASON FOR LEAVING | | HOURLY RATE / SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____ | |

Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

References

| NAME | TELEPHONE | YEARS KNOWN |
|------|-----------|-------------|
| | () | |
| | () | |
| | () | |

I UNDERSTAND THAT IF I AM EMPLOYED, ANY MISREPRESENTATION OR MATERIAL OMISSION MADE BY ME ON THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION OR IMMEDIATE DISCHARGE FROM THE CITY OF CLIVE'S SERVICE WHENEVER IT IS DISCOVERED.

I GIVE THE CITY OF AUBURN THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND TO OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. I HEREBY RELEASE FROM LIABILITY THE CITY OF CLIVE AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND USING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

I UNDERSTAND IT IS THE CITY OF EARLY'S POLICY NOT TO REFUSE TO HIRE A QUALIFIED INDIVIDUAL WITH A DISABILITY BECAUSE OF THAT PERSON'S NEED FOR REASONABLE ACCOMODATION AS REQUIRED BY THE ADA.

I ALSO UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE PROOF OF IDENTITY AND LEGAL WORK AUTHORIZATION.

IF I AM HIRED, I UNDERSTAND THAT I MAY RESIGN AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE, AND THE CITY OF AUBURN RESERVES THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND 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 REPRESENTATIVE OF THE CITY OF AUBURN OTHER THAN AN AUTHORIZED OFFICER, HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I FURTHER UNDERSTAND THAT ANY SUCH ASSURANCES MUST BE IN WRITING AND SIGNED BY AN AUTHORIZED OFFICER.

THE CITY OF AUBURN DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM THE CITY OF EARLY AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date ____/____/____

I would like the City Council to go into close session to discuss my application.

Signature _____ Date ____/____/____

OFFICE USE ONLY

Signature of Director _____ Position Appointed _____

Hire Date _____ Starting Wage _____