

APPLICATION FOR EMPLOYMENT

CITY OF LORENA

The following information is requested to help us make the best possible placement of employees within the City. All portions of this application pertaining to you must be completed. We appreciate the time you spend completing this application. The employer, in accordance with State and Federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, ancestry, disability, or any other characteristic protected by law.

PLEASE PRINT

DATE OF APPLICATION _____ SSN _____

NAME (LAST) (FIRST) (MI)

ADDRESS (STREET) (CITY) (ZIP)

(HOME PHONE) (MESSAGE PHONE)

If hired, can you show proof of legal authorization to work in the United States? _____ YES _____ NO

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____ YES _____ NO

If you are hired, when can you begin work? _____

Do you have reliable transportation to work? _____ YES _____ NO

The hours for this job are regularly 8:00 a.m. to 5:00 p.m., Monday thru Friday. Are you able to comply with this schedule? _____ YES _____ NO

Are you available to work over-time? _____ YES _____ NO

Do you have any convictions as an adult? A conviction will not necessarily disqualify you from employment. _____ YES _____ NO

What Class of Driver's License do you possess? _____

State _____ License # _____ Expiration Date _____

EMPLOYMENT RECORD (Please account for all time over the past 10 years, listing the most recent job first.) Use the back of this page if additional space is necessary.

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

Please indicate by number which employers we may NOT contact, and the reason:

List special training, certificates, or license you may have relative to the job for which you are applying:

EDUCATION:

	SCHOOL	# YEARS ATTENDED	MAJOR/DEGREE
High School			
College			
Other			

REFERENCES

1. _____
(Name) (Phone #)

(Address)
2. _____
(Name) (Phone #)

(Address)
3. _____
(Name) (Phone #)

(Address)

PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING

I certify that the information shown on this application is correct and complete to the vest of my knowledge, and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form may cause me to be disqualified from further consideration or dismissed from employment.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in the United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I understand that if hired, my status will be that of an employee at will, with no contractual right, expressed or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated with or without cause or notice at any time, at the option of either the employer or myself.

I understand that if hired, I will be required to undergo a back-screening, along with a physical examination, drug and alcohol screening test, and that my employment will be contingent upon satisfactory results. I understand that if I should become involved in an accident while on duty, on company premises, on job sites, or in a company vehicle, or if a reasonable suspicion of drug or alcohol use exists based on my performance, appearance, and/or alcohol screening tests, and that my employment will be contingent upon satisfactory results. The examination and test will be performed at the City's expense, by the City's choice of physician.

I authorize the City to investigate, confirm, and supplement any information contained on this application and to contact the references and former employers unless otherwise stated on page 2. I authorize my former employers and references to give the City any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I hereby release all parties from liability for any damage that may result from furnishing said information to the City.

APPLICANT SIGNATURE: _____

DATE: _____

NEPOTISM CHARTS

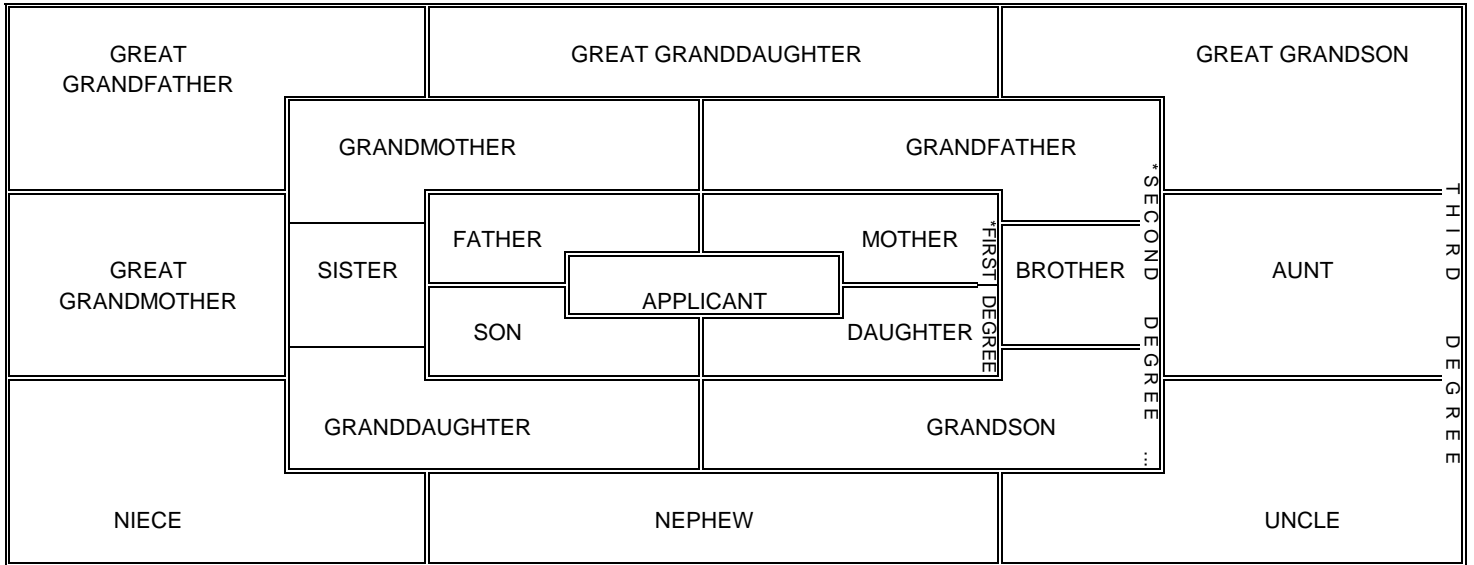


FIGURE 1 - CONSANGUINITY KINSHIP CHART

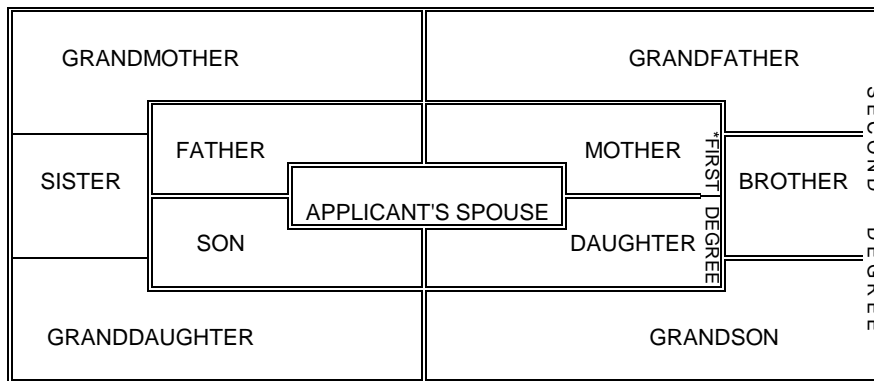


FIGURE 2 - AFFINITY KINSHIP CHART

* Spouses of relatives within the first or second degree of consanguinity (i.e., son-in-law, mother-in-law, aunt-in-law, nephew-in-law, etc. are also included in the prohibition.

NEPOTISM CERTIFICATION

APPLICANT'S NAME _____

POSITION APPLYING FOR _____

NO PERSON MAY BE EMPLOYED BY THE CITY OF LORENA WHO IS RELATED WITHIN THE SECOND DEGREE OF AFFINITY (MARRIAGE) OR WITHIN THE THIRD DEGREE OF CONSANGUINITY (BLOOD) TO ANY MEMBER OF THE CITY COUNCIL, CITY SECRETARY, OR ANY OTHER OFFICER OF THE CITY OR TO ANY EMPLOYEE WHO WOULD SUPERVISE HIS OR HER JOB PERFORMANCE.

PROHIBITED DEGREES OF RELATIONSHIP ARE DEFINED IN FIGURES 1 AND 2 ON THE FOLLOWING PAGE.

ARE YOU RELATED BY BLOOD TO ANY OF THE ABOVE PARTIES OR YOUR PROSPECTIVE SUPERVISOR IN ANY OF THESE WAYS?

IS ANY CITY OFFICIAL OR YOUR PROSPECTIVE SUPERVISOR RELATED TO YOUR SPOUSE IN ANY OF THESE WAYS?

SPOUSES OF THESE RELATIVES (I.E., SON-IN-LAW, MOTHER-IN-LAW, AUNT-IN-LAW, NEPHEW-IN-LAW, ETC.) ARE ALSO INCLUDED.

SIGNATURE

DATE

CRIMINAL RECORD CHECK

CITY OF LORENA

Name _____

Address _____

Phone _____

Other names by which you have been known (if any) _____

Note: May include maiden names or names that were changed for other reasons

I give permission for the City of Lorena to conduct a background check on me which may include a review of criminal records maintained by governmental agencies. I understand that if appointed, my position is conditional upon the city receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the City of Lorena, its officers and employees, or any other person or organization that may provide such information.

Applicant's Full Legal Name _____

Social Security # _____ - _____ - _____ Date of Birth _____

Driver's License # _____ State of Issue _____

Applicant's Signature _____ Date _____

