

CITY OF MONTICELLO, IN EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY, DRUG-FREE, E-VERIFY EMPLOYER

EEO Statement

The City of Monticello prohibits discrimination based on race, color, sex, gender identity, age, religion, disability, national origin, ancestry, sexual orientation, marital status, parental status, and military service or discharge status. The City of Monticello prohibits discrimination which is based on actual or perceived membership in any of the foregoing protected groups.

The City of Monticello will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities and for religious beliefs.

Applicants requiring reasonable accommodations may contact the Americans with Disabilities Act/Title VI Coordinator at: Phone: 574-583-4568.

EMPLOYMENT HISTORY AND WORK EXPERIENCE

Today's Date: Position Desired:

Last Name: First Name: Middle Initial:

For purposes of verifying past employment and schools attended, please list any other names you have used. Former Name(s):

Street Address:

City: State: Zip:

Phone: Secondary Phone: Email Address:

Are you at least 18 years of age? Yes No if no, how old are you? _____

Applicants for Fire/Police Department: Are you at least 21 years of age? Yes No

Are you a resident of White County? Yes No If no, what is your county of residence?

Work Availability: Full Time Part Time Seasonal Intern Volunteer PRN

Shift Availability: 1st Shift 2nd Shift 3rd Shift Swing Shift Rotation Shift

Are you available for: Overtime Yes No Are you available for: On-Call Work Yes No

Date available to start work: Expected Rate of Pay:

Are you on a layoff and subject to recall at another employer? Yes No

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Have you filed an application with the City of Monticello previously? Yes No

Have you ever been employed with the City of Monticello previously? Yes No

If yes, dates of employment: Department:

Do you have any friends or relatives employed with the City of Monticello of Monticello? Yes No

If yes, please provide name(s):

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment (e.g., H-1B visa status)? Yes No

Do you have a valid Indiana driver's license? Yes No

Have you been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic-related infraction that has not been sealed or expunged from your record? Yes No

If yes, state the nature of the conviction or plea, the date, the court, and the jurisdiction and explain:

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. Your failure to list a conviction, however, will disqualify you from consideration for employment or will result in termination of employment if subsequently discovered.

MILITARY EXPERIENCE

<i>MILITARY BRANCH</i>	<i>RANK AT DISCHARGE</i>	<i>TYPE OF DISCHARGE</i>	<i>If other than honorable, explain</i>	<i>SPECIALIZED TRAINING</i>

OTHER INFORMATION

Do you have any commitments which might interfere with or adversely affect your employment with us, such as a second job or school? Yes No If yes, please explain:

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EMPLOYMENT HISTORY AND WORK EXPERIENCE

Have you ever been discharged, permitted to resign rather than be discharged, or asked to resign from any position? Yes No If yes, please explain:

Are you currently employed? Yes No

Please list any dates and reasons for any period of unemployment in the past ten (10) years:

List all employment history and work experience during the previous ten years, beginning with your **MOST** current employer. Failure to include all past employment may be grounds for disqualification.

Employer Name: Street Address:
City: State: Zip:
Phone: Hire Date: End Date:
Job Title: Supervisor Name: Supervisor Phone:

May we contact your current employer? Yes No If no, please explain why:

Employer Name: Street Address:
City: State: Zip:
Phone: Hire Date: End Date:
Job Title: Supervisor Name: Supervisor Phone:

May we contact your current employer? Yes No If no, please explain why:

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Employer Name: Street Address:

City: State: Zip:

Phone: Hire Date: End Date:

Job Title: Supervisor Name: Supervisor Phone:

May we contact your current employer? Yes No If no, please explain why:

Employer Name: Street Address:

City: State: Zip:

Phone: Hire Date: End Date:

Job Title: Supervisor Name: Supervisor Phone:

May we contact your current employer? Yes No If no, please explain why:

Employer Name: Street Address:

City: State: Zip:

Phone: Hire Date: End Date:

Job Title: Supervisor Name: Supervisor Phone:

May we contact your current employer? Yes No If no, please explain why:

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Employer Name: Street Address:

City: State: Zip:

Phone: Hire Date: End Date:

Job Title: Supervisor Name: Supervisor Phone:

May we contact your current employer? Yes No If no, please explain why:

Employer Name: Street Address:

City: State: Zip:

Phone: Hire Date: End Date:

Job Title: Supervisor Name: Supervisor Phone:

May we contact your current employer? Yes No If no, please explain why:

EDUCATION AND TRAINING

This section is intended to give the employer information about education and training you have completed, and to describe your skills, knowledge, and abilities to perform the duties of the position.

EDUCATION						
TYPE OF SCHOOL	SCHOOL NAME	CITY	STATE	# OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE PURSUED
High School						
College or University						
Technical, Business, Trade School						
Other						

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

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Activities, awards (You may exclude any which indicate race, color, religion, gender, age, national origin, or disability.):

Seminars/workshops, special awards, articles you have published, other information that may be relevant to the position you are seeking:

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

PROFESSIONAL LICENSE & CERTIFICATIONS

<i>Type</i>	<i>State Issued</i>	<i>Date Issued</i>	<i>Expiration Date</i>

Have you had any license suspended, revoked, or terminated? Yes No

If yes, explain:

PROFESSIONAL AFFILIATIONS

<i>ORGANIZATION NAME</i>	<i>ADDRESS</i>	<i>POSITION HELD</i>	<i>DATES</i>

HOBBIES, VOLUNTEER WORK & OTHER INTEREST

Use the following space to describe other training, education, skills, abilities, hobbies, volunteer work or other information that may be helpful in evaluating your application. (You may exclude any which indicate race, color, religion, gender, age, national origin, or disability.):

APPLICANT STATEMENTS

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Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

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 may result in the rejection of my application, the revocation of an offer of employment, or discharge.

I authorize investigation of all statements in this application to arrive 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, a credit check, a criminal history check and/or a 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 statements of references, former employers, or others that are given in response to the inquiry. If the City of Monticello decides to obtain a consumer credit report, I understand that it 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 release all parties, including but not limited to the City of Monticello of Monticello, personal references, and previous or current employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action the City of Monticello 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 drug screen, and I authorize any service provider or medical facility to furnish any medical information with reference to me in conjunction with that examination and related considerations.

I understand that all individuals hired must 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 an offer of employment is contingent upon my producing the required documentation within the 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 not for a fixed period of time and is terminable at any time and for any reason by me or by the City of Monticello of Monticello.

I further understand that statements that may be contained in policies, practices, handbooks, or other material do not create a guarantee of employment and that the City of Monticello 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 City of Monticello representative, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any different agreement and that such agreement must be in writing and signed by both parties to be binding.

I confirm that I am not bound by any employment contract or non-competition agreement that would be breached by any employment that the City of Monticello offered to me, nor am I in possession of nor will I at any time reveal to the City of Monticello of Monticello, under any circumstances, any proprietary or confidential information that is the subject of any contract, non-disclosure agreement or prior work relationship.

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I understand that if I am hired, that I must successfully complete all required training and courses specified to continue employment.

I understand that if I am hired, I must maintain all required licenses and certifications for my position. I further understand that if my required licenses or certification is suspended, revoked or no longer active, my employment may be terminated.

I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

By submitting this document, I hereby agree that I shall execute the employer's conditional and postemployment medical examination and drug testing consent requirements. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

Applicants Signature:

Date:

Applicants Printed Name:

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APPLICANTS REQUEST/ WAIVER TO RELEASE INFORMATION

I hereby authorize and request all persons to whom this request (Original or reproduction) is presented, having information relating to or concerning me, to furnish such information to the City of Monticello's Human Resource Department.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure and release all persons, firms, and corporations from all claims, of any nature, as a result of said communication or disclosure:

Information to be disclosed:

- Past and/or Present Employment Records
- Driving Records Check
- Personal References

* Any background material/information relevant to reputation and/or moral character

* These records will be retained on file in the Human Resource Department

Printed Name of Applicant

Date

Signature of Applicant Waiving Rights to Information