

# Application for Employment

## City of Chamberlain

PLEASE PRINT

### PERSONAL

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ SS#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Position desired? \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying? YES [ ] NO [ ]  
If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

When would you be available to begin work? \_\_\_\_\_

Are you legally eligible to be employed in the United States? YES [ ] NO [ ]  
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES [ ] NO [ ]  
(If no, you may be required to provide authorization to work.)

Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment within the last seven years? YES [ ] NO [ ] If yes, please explain:  
(A conviction will not necessarily result in the denial of employment.)

Have you ever worked for the City before? YES [ ] NO [ ]  
If yes, where? \_\_\_\_\_

When? (Give dates) \_\_\_\_\_ Job Title: \_\_\_\_\_

Do you have any relatives or friends who work for the City? YES [ ] NO [ ] If yes, who and where do they work?

Have you ever done any volunteer work? YES [ ] NO [ ] If yes, describe: (Omit any volunteer work which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities)

Are you available to work: DAYS [ ] NIGHTS [ ] WEEKENDS [ ] FULL TIME [ ] If you cannot work full time, please explain: \_\_\_\_\_

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed? YES [ ] NO [ ] If yes, may we contact your employer?  
 YES [ ] NO [ ] If presently employed, why are you considering leaving?

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Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES [ ] NO [ ] If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

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Account for any full month since leaving school (high school or college) that you were not working:

	From	To	Reason
Mo/Yr			
Mo/Yr			
Mo/Yr			

**EDUCATION**

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying? YES [ ] NO [ ] If yes, please describe:

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List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

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**EMPLOYMENT Start with your present or most recent position**

Name of Employer		Telephone Number (    )	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed			
Name of Employer		Telephone Number (    )	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed			
Name of Employer		Telephone Number (    )	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed From Month/Day/Year	To Month/Day/Year	Rate of Pay Beginning	Final
Describe the Work Performed			

Use an additional sheet of paper if more space is necessary.

**PERSONAL REFERENCES Give three individuals (not relatives or employers)**

Name	Occupation
Telephone Number ( )	Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____
Name	Occupation
Telephone Number ( )	Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____
Name	Occupation
Telephone Number ( )	Full Address (Including Street, City, State & Zip) Street _____ City _____ State _____ Zip _____

***APPLICANTS WILL RECEIVE CONSIDERATION FOR POSITIONS, WITHOUT REGARD TO RACE, COLOR, RELIGION, AGE, SEX, EXCEPT WHERE SEX IS A BONAFIDE OCCUPATIONAL QUALIFICATION, SEXUAL ORIENTATION, MARITAL STATUS, INDIVIDUALS WITH DISABILITIES, AND EQUALLY TO DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA.***

**IMPORTANT, PLEASE READ AND SIGN**

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: \_\_\_\_\_

Do not write below this line

**RESULTS**

Employed: YES [ ] NO [ ] If Yes, Job Title: \_\_\_\_\_ Department \_\_\_\_\_

Date beginning Employment \_\_\_\_\_ Compensation \$ \_\_\_\_\_ per \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

**RELEASE/DISCLOSURE FOR EMPLOYMENT PURPOSES BACKGROUND  
AND REFERENCE INVESTIGATION AUTHORIZATION**

As part of its due diligence procedures, the City of Chamberlain requires that a background investigation and a check of references be conducted. The objectives of the investigation are to verify information provided during the application process, investigate references, and identify any factors that might be inconsistent with the City of Chamberlain's employment requirements.

I, \_\_\_\_\_, give the City of Chamberlain permission and authority to conduct a due diligence investigation and reference check into my past and current activities. I understand and consent to an investigation that may include, but is not limited to, information as to my personal character, general reputation, verification of previous employment and employment references, verification of education, credit history, motor vehicle driving record, social security wage information, criminal records, and other information contained in public records. In addition, I grant permission and authority to the City of Chamberlain to obtain past employment information compliance with regulations of the U.S. Department of Transportation (DOT), including 49 CFR Part 40 and 49 CFR Part 382, regarding DOT drug and alcohol testing results from past employers.

I authorize and request Former Employers, Schools, Police Departments, States, Cities and Counties or any other Person to furnish the City of Chamberlain designees information concerning:

My Work Habits	Character	Criminal Records	Social Security Information
Reputation	Driving Record	Credit History	Reason for Termination
*Medical History	Salary History	Education History	Transcripts
Mental Health	Military Records & Reports		

And all other relevant information requested by the City of Chamberlain, including all information of confidential or privileged information and provide copies of the same requested.

I hereby release all Persons, Companies, Corporations, Schools, of Individuals from all liability and responsibility that may result from providing the City of Chamberlain with such information as requested. All released information shall become property of the City of Chamberlain. All such information will not be further released to anyone other than the City of Chamberlain and agents of the same, and all efforts will be directed at maintaining the confidentiality of the information received.

I understand that if hired, my employment is for no definite period of time, consistent with state law, and may be terminated with or without cause and with or without notice, at any time, at the option of either the City of Chamberlain or myself. No employee representative, manager, official or supervisor of the City of Chamberlain, has any authority to enter into any agreement for employment for a specified period of time or make any agreement relative to employment that is contrary to the foregoing.

If I am not hired due to information contained in the background screen report, I will be notified in writing and if I requested a copy in writing of the said report will be supplied to me a written summary of my rights under the Fair Credit Reporting Act of 1970 as amended in 1996.

_____	_____	_____
<b>Applicants Name (Printed)</b>	<b>Social Security Number</b>	<b>**Date of Birth</b>
_____	_____	_____
<b>Current Street Address</b>	<b>City, State, ZIP Code</b>	<b>Driver's License Number</b>
_____	_____	_____
<b>Signature</b>	<b>Date</b>	

\*Subject to the Americans with Disabilities Act of 1990 (ADA).

\*\*The Age Discrimination in Employment Act of 1967 (ADEA) prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

