



# APPLICATION FOR EMPLOYMENT

The City of New Albany, Indiana, does not discriminate on the basis of race, color, gender, national origin, age, sex, religion, disability or any other characteristic protected by law.

**Please check all that apply:**

Desired:  Full time  Part time  Temporary  Seasonal  Intern

Available to work:  Days  Evenings  Weekends  Seasonal  Intern

Desired number of hours per week: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Position desired: \_\_\_\_\_ Date available to start: \_\_\_\_\_

## Applicant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Other: \_\_\_\_\_

Email: \_\_\_\_\_

Are you authorized to work in the U.S.? YES  NO

Have you ever worked for the City of New Albany? YES  NO

If yes, when? \_\_\_\_\_

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation? YES  NO

If yes, please explain below in detail, or on a separate piece of paper. Include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment, but false or misleading information will disqualify you. Factors such as age and time of the offense, seriousness of the violation and rehabilitation will be taken into account.

## Education & Training

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

High school: \_\_\_\_\_ Graduate:  Yes  No

College or trade school: \_\_\_\_\_ Degree obtained in: \_\_\_\_\_

Activities, awards, memberships: \_\_\_\_\_

Professional or specialized training and/or certifications: \_\_\_\_\_

**Employment History & Work Experience**

**List all employment history and work experience during the previous seven years, beginning with your current employer. Attach additional documents, if needed, in order to reflect your previous seven years of experience.**

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact?  Yes  No

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact?  Yes  No

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact?  Yes  No

Previous experience relevant to the position desired: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why are you seeking this position? \_\_\_\_\_

**Military Experience**

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank/Type of Service: \_\_\_\_\_

Special Training/Experience \_\_\_\_\_

**Professional References**

*Please list three professional references that we may contact on your behalf. Do not list family members or anyone related to you.*

1. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Years Known: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Relatives**

*To adhere to the Nepotism law, please list all relatives that you have currently employed by the City of New Albany.*

\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and Signature**

**STATEMENT (Please read this statement carefully before signing this application):**

I understand that employment with the City of New Albany (the Company) is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Company to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand that the Company may require the successful completion of a drug and/or alcohol test as a condition of employment.

**I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.**

Signature: \_\_\_\_\_

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



**Applicant Authorization to Release Information**

I, the undersigned, \_\_\_\_\_, having made application for employment, hereby authorize any and all, or such agents/designees as they are from time-to-time appointed, to make such inquiries and to do such investigations as may be deemed necessary or appropriate to verify information given by me concerning my present or past employment, businesses, and education, and to perform a criminal background check. I agree that in giving this authorization and release, I shall hold harmless each and every person, firm, organization or agency furnishing information about me. I release each and every department or agencies which may be requested to, or which does furnish information about me, from any requirement to notify me of presentation of such request or release pursuant to this authorization, or a photocopy reproduction hereof, except as may be required by law. I understand that any investigation of me may touch upon, or include requests for information concerning my character, credit, personal habits and associates now or in the past. I further understand that information about me may be reviewed, re-evaluated or updated from time-to-time.

I certify that I have read each of the provisions of this authorization and understand each such provision.

\_\_\_\_\_  
Print name as it appears on driver's license Today's Date

\_\_\_\_\_  
Signature Position Applied for

\_\_\_\_\_  
Driver's License Number State Social Security Number Date of Birth

Other names you have used, or are also known as, including maiden name, name changes and any aliases: \_\_\_\_\_

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

Current Address:

\_\_\_\_\_  
Street Apt # City State Zip Code From/To?

Former Addresses:

\_\_\_\_\_  
Street Apt # City State Zip Code From/To?

\_\_\_\_\_  
Street Apt # City State Zip Code From/To?