



APPLICATION FOR EMPLOYMENT

CITY OF NEW ALBANY, INDIANA
PRE-EMPLOYMENT QUESTIONNAIRE

FOUNDED 1813

GENERAL INFORMATION

NAME: _____
LAST NAME FIRST NAME MIDDLE INITIAL

ADDRESS: _____
STREET

CITY STATE ZIP CODE

TELEPHONE: _____ SOCIAL SECURITY #: _____

EMPLOYMENT DESIRED: _____

POSITION TITLE: _____

DATE YOU CAN START: _____

SALARY DESIRED \$ _____

ARE YOU CURRENTLY EMPLOYED? YES NO

IF YES, MAY WE INQUIRE OF YOUR CURRENT EMPLOYER? YES NO

HAVE YOU PREVIOUS APPLIED FOR EMPLOYMENT WITH THE CITY OF NEW ALBANY? YES NO

IF YES, WHICH DEPARTMENT DID YOU APPLY TO?: _____

WHEN DID YOU APPLY FOR EMPLOYMENT?: _____

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED BY THE CITY OF NEW ALBANY? YES NO

IF YES, PLEASE IDENTIFY THE CITY EMPLOYEE: _____

EDUCATION:

	NAME OF SCHOOL	No. YEARS ATTENDED	DID YOU GRADUATE?	COURSE OF STUDY
GRADE SCHOOL				
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
TRADE/BUSINESS SCHOOL				

UNITED STATES MILITARY SERVICE: _____

BRANCH: _____ RANK: _____

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: _____



THE CITY OF NEW ALBANY IS AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY:

DATE (MONTH & YEAR)	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM:		\$		
TO:				
FROM:		\$		
TO:				
FROM:		\$		
TO:				
FROM:				
TO:				

REFERENCES:

(LIST THE NAMES OF THREE PERSONS- NOT RELATED TO YOU-WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	Address	PHONE	BUSINESS	YEARS KNOWN
1.				
2.				
3.				

BY SIGNING BELOW, I ACKNOWLEDGE THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

SIGNED _____ DATED _____

BY SIGNING BELOW, I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCE LISTED ABOVE GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

SIGNED _____ DATED _____

BY SIGNING BELOW, I UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE LATE PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE.

SIGNED _____ DATED _____

THE AGE DISCRIMINATION ACT OF 1987 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT 40 BUT LESS THAN 70 YEARS OLD.

THE AMERICAN WITH DISABILITIES ACT PROHIBITS DISCRIMINATION IN EMPLOYMENT ON THE BASIS OF DISABILITY.

Do NOT WRITE BELOW THIS LINE

HIRED: YES NO

INTERVIEWER _____

INTERVIEW DATE _____

POSITION _____

DEPARTMENT _____

SALARY: \$ _____ OR WAGE: \$ _____ START DATE: _____

APPROVED: _____

APPROVED: _____