

City of Winchester

Employment Application

All applicants are subject to a test for illegal drugs and a background check.

To Applicant:

Read this information carefully before answering any questions. The City is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, gender, religion, national origin, disability or veterans status and comply with all applicable federal, state, and local laws. We assure you that your opportunity for employment with this City depends solely upon your qualifications.

PLEASE PRINT

_____	_____	_____	_____
Last Name	First Name	Middle Name	Social Security Number
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
Telephone Number			

Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino	

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the federal government, acting through the Rural Housing Service that the federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the employer is required to not the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

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

Are you over 18 years of age? Yes No

Are you presently employed? Yes No

If employed, what is your present status? Active Laid Off Other

Explain: _____

Have you ever used a different name? Yes No

If yes, what name? _____

Have you ever been convicted of or plead no contest to a crime? Yes No

A crime includes, but is not limited to, any felonies, misdemeanors (other than minor, non-moving, traffic violations, summary offenses, and crimes in the first second, third, or fourth degree. Conviction of a crime will not necessarily disqualify you for the job for which you are applying. Each conviction will be judged on its own merit with respect to time and job-relatedness.

If yes, please explain: _____

Position Desired: _____ Date Available: _____

Have you ever been employed by the City? Yes No

If yes, when? From: _____ To: _____

Reason for leaving: _____

Do any of your relatives work for the City? Yes No

If yes, list their name and relationship: _____

Education

Circle the Highest Grade Completed	Name of School	City and State	Graduate/Degree	Course, Major, Honors
Elementary 1 2 3 4 5 6 7 8	_____	_____	_____	_____
High School 9 10 11 12	_____	_____	_____	_____
College 1 2 3 4	_____	_____	_____	_____
Other Schooling	_____	_____	_____	_____

Military Service

Have you ever served in the military? Yes No

Branch of service: _____

Rank when discharged: _____

Enlistment Date: _____ Discharge Date: _____

Principal Duties: _____

Special Training: _____

Employment Record

Start with your most recent or present employer first and be sure to account for all of your time since you started working. Include school or college vacation employment when this is your only work experience. Use a separate section for each employer and for each period you were without employment or worked for yourself.

Date of Employment: _____ to _____
Employer: _____
Address: _____
Phone Number (____) _____ Supervisor's Name: _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Date of Employment: _____ to _____
Employer: _____
Address: _____
Phone Number (____) _____ Supervisor's Name: _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Date of Employment: _____ to _____
Employer: _____
Address: _____
Phone Number (____) _____ Supervisor's Name: _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Date of Employment: _____ to _____
Employer: _____
Address: _____
Phone Number (____) _____ Supervisor's Name: _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Date of Employment: _____ to _____
Employer: _____
Address: _____
Phone Number (____) _____ Supervisor's Name: _____
Position Held: _____ Salary: _____
Reason for Leaving: _____

Personal References

I hereby authorize the City, and also authorize and request each former employer and person, firm, or corporation given as a reference, to answer all questions that may arise, and to give all information that may be sought in connection with this application, or concerning me or my work, habits, character, or skill, or my action in any transaction. I understand that my present employer will not be contacted before I accept employment, without my specific approval. Do not list relatives.

Name: _____

Address: _____

Occupation: _____

Years Known: _____ Relationship: _____

Home Phone Number: (____) _____ Work Phone Number: (____) _____

Name: _____

Address: _____

Occupation: _____

Years Known: _____ Relationship: _____

Home Phone Number: (____) _____ Work Phone Number: (____) _____

Name: _____

Address: _____

Occupation: _____

Years Known: _____ Relationship: _____

Home Phone Number: (____) _____ Work Phone Number: (____) _____

Name: _____

Address: _____

Occupation: _____

Years Known: _____ Relationship: _____

Home Phone Number: (____) _____ Work Phone Number: (____) _____

I understand and agree that, if accepted for employment, the employment relationship will be Employment-At-Will, in example: my employment is for no definite duration and my employment and compensation can be terminated, without or without cause, and with or without notice, at any time, at the option of either the City or myself, unless specifically defined otherwise by a collective bargaining agreement. I understand that this application is not intended to be a contract of employment. I further understand that except for a written agreement entered into by the city of Winchester, no agent or representative of the city has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing.

The City conducts its business with the highest degree of safety and efficiency. Because of this, I understand that the City requires all applicants for employment to undergo urinal analysis testing for drugs and a background check as part of the pre-employment process. I also understand that all employees are subject to blood or urinalysis screening for drug and alcohol use.

I also understand that by signing this document below that I am releasing the City of Winchester to do a thorough background check on myself and thus release to the City of Winchester any findings.

I certify that the answers given herein are true and complete. I understand that failure to disclose any crime, as defined above, or providing false, incomplete, or misleading information will disqualify me from being considered for employment by the City. In the event of employment, I understand that false or misleading information provided in my application will result in discharge.

Signature _____

Authorization for Release of Information Agreement

To Whom It May Concern: I am an application for a position with the City of Winchester. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above entity.

I hereby authorize any representative of the City of Winchester bearing this release to obtain any and all information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Winchester, whether said records are of public, private or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide data for the City of Winchester to consider in determining my suitability for employment in that entity. It is my specific intent to provide access to personnel information, however personal and confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service, my educational records, my financial status, my criminal history record, including any arrest records, any information contained in any investigative files, efficiency ratings, complaints or grievances, filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examination, and any internal affair investigations and discipline, including any files that are deemed to be confidential.

I hereby release you, your organization, and all others from liability or damages that result from furnishing the information requested, including liability or damage pursuant to any state or federal laws. I hereby release you as the custodian of such records or your organizations, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempts to comply with it. I direct you to release such information upon request of the duly authorized representative of the City of Winchester regardless of any agreement I may have made with you previously to the contrary. The organization requesting the information pursuant to this release may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City of Winchester's acceptance and processing of my application for employment, I agree to hold your organization, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Winchester. I understand that should information of a serious criminal nature or regarding an outstanding criminal and/or civil warrant surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City of Winchester in conjunction with employment procedures.

A photocopy or fax copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person whom this request is presented and his or her agents and employees, from and against all claims, losses, and expenses, including reasonable attorney fees, arising out of or by reason of complying with this request.

Signature (include maiden name, if applicable)

Date of Birth

Address

Social Security Number

City, State, Zip Code

Area Code/Telephone Number

STATE OF _____ COUNTY OF _____
BEFORE ME, a Notary Public, in and for said County and State personally appeared _____
who acknowledged the execution of the foregoing Authorization for Release of Information Agreement, and who being first
sworn under oath stated that the matters contained therein are true.

WITNESS my hand and Notarial Seal this ____ day of _____, 20____.

Notary Public _____

Printed _____

City: _____

County: _____

My Commission Expires: _____

City of Winchester

To: Personnel File

I, _____, acknowledge that any offer of employment (either actual or implied) with the City of Winchester is based on the following:

1. Satisfactory completion of a physical examination;
2. Satisfactory completion of a drug screening;
3. Satisfactory completion of a background check;
4. Satisfactory completion of a reference check;
5. Satisfactory completion of a probationary period.

Signature _____

Date _____

Interview Date: _____

Background Check Submitted: _____

Physical Examination Date: _____

Date of Hire: _____

VERIFICATION OF APPLICANT FOR EMPLOYMENT
FOR COMPLIANCE WITH MUNICIPAL NEPOTISM POLICY

I, _____ (printed name), have reviewed the direct line of supervision for the position I am seeking with the City of Winchester, Indiana, and I am not a relative of any employee who will be in my direct line of supervision in the position of _____.

I understand that Relative means my spouse, parent or stepparent, child or stepchild, brother, sister, stepbrother, stepsister, niece, nephew, aunt, uncle, daughter-in-law, or son-in-law (including half-bloods and adopted children).

I hereby verify under the penalty of perjury that the foregoing statements are true.

Dated this ____ day of _____, 20 ____.

(Printed Name)