

For Human Resources use only:

Applicant Name: _____	
Date: _____	Date: _____
Forward to: _____	Forward to: _____
Date: _____	Date: _____
Forward to: _____	Forward to: _____

City of Lawrence

Employment Application



All applicants will receive consideration for employment without regard to race, color, religion, sex, pregnancy, age, marital status, national origin, physical or mental disability. The following information is requested in order to help us make the best possible placement within City of Lawrence. City of Lawrence subscribes to a DRUG FREE WORKPLACE. YOU WILL BE REQUIRED TO SUBMIT TO A DRUG SCREEN AS PART OF OUR PRE-EMPLOYMENT PROCESS. All portions of this application pertaining to you must be completed. Please complete the application in its entirety. **Please do not refer to information on your resume (ex: "See Resume" instead of completing your work history).**

Applications completed in entirety will be kept on file for one year from the date of submission. Applications on hand are reviewed prior to any other advertising or posting of open positions.

City of Lawrence participates in E-verify.

City of Lawrence will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, City of Lawrence is required to provide you with written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Please use ink and print legibly

Date: _____

Position Desired

Please specify the Position(s) or Department(s) for which you are applying: General Labor

Clerical _____ Departments: _____

You are applying for: Full-time Part-time Seasonal Other _____

Date available for employment: _____ Wage desired: _____

Are you available/willing to work: Overtime? Yes No Shifts? Yes No

Weekends? Yes No Holidays? Yes No

Have you ever worked for the City of Lawrence? Yes No When? _____

If you were previously employed by the City of Lawrence under a different name, what was that name?

_____ Dates of employment under that name: _____

Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accomodation(s) in a safe and effective manner? Yes No

Personal Information

Name: _____
Last First Middle Previous Name

Address: _____
Street City State Zip Code

Home Phone: _____ Other Phone: _____

General Information

Are you legally eligible to work in the United States? Yes No
Upon employment, all employees are required to provide proof of eligibility to work in the United States.

If you are younger than age 18, can you furnish a work permit? Yes No N/A

Do you have any relatives presently employed by the City of Lawrence? Yes No

Names of relatives: _____

Have you ever been disciplined or fired by an employer? Yes No

If you marked Yes, please explain: _____

Have you ever been convicted of a felony? Yes No If you marked Yes, please state the nature of the violation: _____

Answering yes and stating the nature of the violation does not automaticlly preclude an applicant from employment.

Have you ever been refused a fidelity bond? Yes No Not applied for fidelity bond

Do you have a valid CDL license? Yes No Expiration Date: _____

Do you have a valid driver's license? Yes No Expiration Date: _____

Do you speak any language(s) fluently other than English ? Yes No

If you answered yes to the question above, what other languages do you speak fluently?

Parts of this application are public record.

Education

High School

Name of School

Did you graduate?
 Yes No

Location

Number of years attended?

College

Name of School

Did you graduate?
 Yes No

Location

Number of years attended?

Name of School

Did you graduate?
 Yes No

Location

Number of years attended?

Vocational/Business School

Name of School

Did you graduate?
 Yes No

Location

Number of years attended?

Name of School

Did you graduate?
 Yes No

Location

Number of years attended?

Other

Name of School

Did you graduate?
 Yes No

Location

Number of years attended?

Military Experience

Branch of Service

Highest Rank

Numbers of years served?

Branch of Service

Highest Rank

Numbers of years served?

Other

List your professional organization memberships, professional designations, special knowledge, skills, certificates and volunteer activities. Exclude data which indicate your age, gender, religion, national origin, or disability.

Parts of this application are public record.

Employment History

Begin with your current or most recent employment. If you need additional space, please continue on a separate sheet of paper.

Employer _____

Address (Street, City, State Zip Code) _____ Beginning Wage _____ Ending Wage _____

Job Title _____ Supervisor's Name _____ Supervisor's Phone # _____

Reason for Leaving: _____

Describe Job Duties: _____



Employer _____

Address (Street, City, State Zip Code) _____ Beginning Wage _____ Ending Wage _____

Job Title _____ Supervisor's Name _____ Supervisor's Phone # _____

Reason for Leaving: _____

Describe Job Duties: _____



Employer _____

Address (Street, City, State Zip Code) _____ Beginning Wage _____ Ending Wage _____

Job Title _____ Supervisor's Name _____ Supervisor's Phone # _____

Reason for Leaving: _____

Describe Job Duties: _____



Employer _____

Address (Street, City, State Zip Code) _____ Beginning Wage _____ Ending Wage _____

Job Title _____ Supervisor's Name _____ Supervisor's Phone # _____

Reason for Leaving: _____

Describe Job Duties: _____

References

Please list three (3) references. These should be persons qualified to give information regarding your ability to perform the duties of the position you desire, your character, work ethic, etc.

Name _____ Employer _____ Job Title _____

Work Phone # _____ Other Phone # _____



Name _____ Employer _____ Job Title _____

Work Phone # _____ Other Phone # _____



Name _____ Employer _____ Job Title _____

Work Phone # _____ Other Phone # _____

Applicant's Statement

Please indicate that you have read and understand each provision of the following Applicant's Statement by placing your initials beside each paragraph.

- _____ 1. I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my application may result in no employment being offered, an offer being withdrawn or, in the event of employment, in discharge.
- _____ 2. I hereby authorize investigation of all statements contained in this application. I understand that information may be obtained through interviews with references and/or past employers, from educational institutions, through a credit check, a criminal history check and/or driver's record check. This inquiry may include information about my personal characteristics, as well as information about my work performance and workplace conduct. I hereby consent to consideration of any statements of references, former employers or others provided in response to the inquiry. If City of Lawrence 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 that I may obtain from such reporting agency the nature and substance of information contained in such report.
- _____ 3. I hereby release my references and my previous employers from liability for their furnishing information concerning me. I also release City of Lawrence for any employment decision it makes on the basis of such information.
- _____ 4. I understand that, if I am hired, I may be required to undergo a physical examination and/or drug screen, as a condition of beginning employment, and I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to me as may be necessary to determine my ability to perform the duties for the position for which I am hired. I understand that a drug screen is required by City of Lawrence for all employees and information obtained in the drug screen will be made available to specific individuals at City of Lawrence. All medical information will be handled in accordance with the Health Insurance Portability and Accountability Act of 1996 and the Americans with Disabilities Act.
- _____ 5. I understand that, according to federal law, all individuals who are hired must, as a condition of employment, 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 any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by federal law.
- _____ 6. I understand that this application is not, nor intended to be, a contract of employment and if I am hired, my employment is for no fixed period of time and either I or City of Lawrence can end the relationship at any time and for any reason. I understand that no representative of City of Lawrence other than the Mayor has the authority to enter into any employment agreement for any specific person of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding. I further understand that statements contained in policies, handbooks or other materials do not create any guarantee of employment and that City of Lawrence has the right to modify, discontinue or establish policies, benefits plans or other programs within the limits and requirements imposed by law.

Signature of Applicant

Date

Note: An Application not completed in its entirety will not be considered. Please look over your entire application to make sure you have responded to every item. Return completed application to Human Resources City of Lawrence 9001 E 59th Street Suite 300, Lawrence, IN 46216. Applications can also be submitted to humanresources@cityoflawrence.org