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 the 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 1-9 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 OHS and/or the SSA before taking adverse action against you, including terminating your employment.

For Human Resources only:
Applicant Name: __________________________________________________________________________
Date: ______________________________       Date: ______________________________
Forward to: ____________________________       Forward to: ____________________________

Revised July 2020
Parts of this application is public record

Please use ink and print legibly

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**Applicant Information**

Full Name: ___________________________ Date: __________

Last     First     M.I.

Address: __________________________________________

Street Address                   Apartment/Unit #

City                        State               ZIP Code

Phone: ______________________________ Email: ______________________________

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**Position Applying for:**

Department: ____________________________________________________________________________

You are applying for: ___ Full-time  ___ Part-time  ___ Seasonal  ___ Other: ____________________

Date available for employment: ____________________________ Desired Wage: __________________________

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Have you ever worked for the City of Lawrence? YES NO  If yes, when? ______________________________

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

Do you have any relatives presently employed by the City of Lawrence? YES NO

Name of relatives: ____________________________________________________________________________

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

Are you available to work overtime? YES NO

Shifts? YES NO

Weekends? YES NO

Holidays? YES NO

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**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 18, can you furnish a work permit? YES NO

Have you ever been convicted of a felony? YES NO

If you marked yes, please state the nature of the violation: __________________________________________
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Have you ever been disciplined or fired by an employer?  
☐ ☐ YES ☐ NO
If you marked yes, please explain:

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 yes, what other languages do you speak fluently?

Education

High School: __________________________ Address: __________________________

Did you graduate?  ☐ YES ☐ NO  Diploma/years completed: __________________________

College: __________________________ Address: __________________________

Did you graduate?  ☐ YES ☐ NO  Degree/years completed: __________________________

College: __________________________ Address: __________________________

Did you graduate?  ☐ YES ☐ NO  Degree/years completed: __________________________

Vocational/Business School: __________________________ Address: __________________________

Did you graduate?  ☐ YES ☐ NO  Degree/years completed: __________________________

Other: __________________________ Address: __________________________

Did you graduate?  ☐ YES ☐ NO  Degree/years completed: __________________________

Other

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

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Previous Employment

Company: ___________________________________________ Phone: ________________
Address: __________________________________________ Supervisor: ______________
Job Title: __________________________________________ Starting Salary: $__________ Ending Salary: $__________
Responsibilities: ________________________________________
From: _________ To: ________________ Reason for Leaving: __________________________
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: ___________________________________________ Phone: ________________
Address: __________________________________________ Supervisor: ______________
Job Title: __________________________________________ Starting Salary: $__________ Ending Salary: $__________
Responsibilities: ________________________________________
From: _________ To: ________________ Reason for Leaving: __________________________
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: ___________________________________________ Phone: ________________
Address: __________________________________________ Supervisor: ______________
Job Title: __________________________________________ Starting Salary: $__________ Ending Salary: $__________
Responsibilities: ________________________________________
From: _________ To: ________________ Reason for Leaving: __________________________
May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: ___________________________________________ Number of years served? _________
Highest Rank: ________________________________
Please list three professional references.

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Acknowledgement and Signature

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: ________________________________________________   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