

# APPLICATION FOR EMPLOYMENT

The City of Madison ("City") is an equal opportunity employer. Applicants are considered for employment without regard to race, color, religion, creed, sex, age, disability, national origin, or any other legally-protected status, unless such status constitutes a *bona fide* occupational qualification. The City will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities and for religious beliefs.

Date of Application

Position(s) Desired

## PERSONAL INFORMATION

Name

Address

NUMBER

STREET

CITY

STATE

ZIP CODE

Telephone No.

Email

Work Availability

Full Time

Part Time

Temporary

Seasonal

Any Shift

What date will you be available for work?

Are you on a layoff and subject to recall at another employer?      Yes      No

Have you filed an application with the City before?      Yes      No      *If yes give date(s)*

Have you ever been employed with the City before?      Yes      No      *If yes, give date(s) department(s) and supervisor(s):*

Do you have any relatives or employed here?      Yes      No      *If yes list name(s) and relationship(s)*

Why did you apply for a position with the City?

Explain the reasons you would make a valuable employee of the City?

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

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)?      Yes      No

Are you 18 years or older?      Yes      No      Do you have a valid Indiana driver's license?      Yes      No

Have you been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic-related infraction? *If yes, state the nature of the conviction or plea, the date, the court and the jurisdiction and explain* Yes      No

Do you have any pending charges for a felony or misdemeanor other than a minor traffic related infraction? Yes      No  
*If yes the nature of the pending charges, the date, the court and jurisdiction in which they are pending, and the cause number, and explain*

*A conviction, plea or pending charges will not necessarily disqualify you from consideration for employment. The effect of a conviction, plea or pending charges will be assessed with respect to time, circumstances, seriousness of the offense and job responsibilities and duties. Your failure to list a conviction, however, may disqualify you from consideration for employment or may result in termination of employment if subsequently discovered. For purposes of verifying past employment and schools attended, please list any other names you have used.*

EDUCATION					
Type of School	School Name, City and State	# of Years Completed	Graduate?		Course Pursued/ Degrees Granted
			Yes	No	
High School					
College or University					
Business, Trade, or Technical School					

Identify any special job-related skills and qualifications acquired from education, employment, volunteer work or military service.

Identify specific skills related to technology, communications, customer service, machines, tools, or other equipment that will be helpful in performing the responsibilities of the position(s) for which you are applying.

Identify the previous jobs you liked best and describe why.

Identify the previous jobs you liked least and describe why.

How did you learn of this employment opportunity?

Friend      Relative      Job Posting      Job Fair      Website      Other:

## PERSONAL REFERENCES

List the name, address and telephone number of three references who are **not** related to you and are **not** previous employers.

1.	Name	Address	Telephone
2.	Name	Address	Telephone
3.	Name	Address	Telephone

## EMPLOYMENT RECORD

Starting with your present or most recent job, list all your employment experience, including part-time or temporary employment. Do not omit any experience. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment. **RESUMES MAY BE SUBMITTED BUT WILL NOT BE ACCEPTED IN PLACE OF THE INFORMATION REQUESTED BELOW.**

Employer	<b>Employment Dates</b>	Type of Work Performed:
Address	From	
Telephone	To	Reason for Leaving: <input type="checkbox"/> Discharged    Voluntary Resignation <input type="checkbox"/> Involuntary Resignation
Job Title	<b>Salary/Hourly Rate</b>	
Immediate Supervisor:	Starting: Final:	
Employer	<b>Employment Dates</b>	Type of Work Performed:
Address	From	
Telephone	To	Reason for Leaving: <input type="checkbox"/> Discharged    Voluntary Resignation <input type="checkbox"/> Involuntary Resignation
Job Title	<b>Salary/Hourly Rate</b>	
Immediate Supervisor:	Starting: Final:	
Employer	<b>Employment Dates</b>	Type of Work Performed:
Address	From	
Telephone	To	Reason for Leaving: <input type="checkbox"/> Discharged    Voluntary Resignation <input type="checkbox"/> Involuntary Resignation
Job Title	<b>Salary/Hourly Rate</b>	
Immediate Supervisor:	Starting: Final:	
Employer	<b>Employment Dates</b>	Type of Work Performed:
Address	From	
Telephone	To	Reason for Leaving: <input type="checkbox"/> Discharged    Voluntary Resignation <input type="checkbox"/> Involuntary Resignation
Job Title	<b>Salary/Hourly Rate</b>	
Immediate Supervisor:	Starting: Final:	
Employer	<b>Employment Dates</b>	Type of Work Performed:
Address	From	
Telephone	To	Reason for Leaving: <input type="checkbox"/> Discharged    Voluntary Resignation <input type="checkbox"/> Involuntary Resignation
Job Title	<b>Salary/Hourly Rate</b>	
Immediate Supervisor:	Starting: Final:	

*If you need additional space, please continue on a separate sheet of paper*

May we contact the employers listed above?    Yes    No    If no, indicate which one(s) you do NOT wish us to contact and provide the reason why you prefer that we do not contact the employer(s).

Have you ever been discharged, permitted to resign rather than be discharged, or asked to resign from any position?  
Yes    No    If yes, please state the employer and the reason for the discharge or resignation.

---

**APPLICANT'S STATEMENT**

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

Initials

\_\_\_\_\_ I completed this application and confirm all information in it is TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading, or omitted information may result in the rejection of my application, the revocation of an offer of employment, or discharge.

\_\_\_\_\_ I authorize investigation of all statements in this application to arrive at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, a credit check, a criminal history check and/or a driver's record check. This inquiry may include information as to, among other things, my character, general reputation and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references, former employers, or others that are given in response to the inquiry. If the City 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 I may obtain from such reporting agency the nature and substance of information contained in such report.

\_\_\_\_\_ I release all parties, including but not limited to the City, personal references, and previous or current employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action the City takes on the basis of such information.

\_\_\_\_\_ I understand that if I am offered a job as a condition of beginning my employment, I may be required to undergo a physical examination and drug screen, and I authorize any service provider or medical facility to furnish any medical information with reference to me in conjunction with that examination and related considerations.

\_\_\_\_\_ I understand that all individuals hired must 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 an offer of employment is contingent upon my producing the required documentation within the legal time period.

\_\_\_\_\_ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is not for a fixed period of time and is terminable at any time and for any reason by me or by the City. I further understand that statements that may be contained in policies, practices, handbooks or other material do not create a guarantee of employment and that the City has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law. I understand that no the City representative, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any different agreement and that such agreement must be in writing and signed by both parties to be binding.

\_\_\_\_\_ I confirm that I am not bound by any employment contract or non-competition agreement that would be breached by any employment that the City offered to me, nor am I in possession of nor will I at any time reveal to the City, under any circumstances, any proprietary or confidential information that is the subject of any contract, non-disclosure agreement or prior work relationship.

\_\_\_\_\_  
Signature of Applicant

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



# MADISON *Indiana*

**CITY OF MADISON**  
**HUMAN RESOURCE DEPARTMENT**

**APPLICANT'S REQUEST/ WAIVER TO RELEASE INFORMATION**

I hereby authorize and request all persons to whom this request (Original or reproduction) is presented, having information relating to or concerning me, to furnish such information to the City of Madison's Human Resource Department.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional, statutory or common law privileges. I hereby expressly waive all privileges which may attach to such communication or disclosure and release all persons, firms and corporations from all claims, of any nature, as a result of said communication or disclosure:

**Information to be disclosed:**

**Criminal History Check  
Past / Present Employment  
Records Driving Records Check  
Personal References**

\* Any background material/information relevant to reputation and/or moral character

\* These records will be retained on file in the Human Resource Department

\_\_\_\_\_  
Signature of Applicant Waiving Rights to Information

\_\_\_\_\_  
Date