

EMPLOYMENT APPLICATION

The City of New Albany offers equal opportunity to all persons without regard to race, color, age, religion, sex, national origin, disability or veteran status. No question on this application is intended to secure information to be used for discriminatory purposes. This application will expire after one (1) year. NOTE: This Employment Application will not be considered unless all pages are fully completed.

PERSONAL INFORMATION

Name: _____ Social Security No.: _____
Last First Middle

Address: _____ E-mail: _____
Street City State Zip

Home Telephone: (____) _____ Other Telephone: (____) _____

Have you ever had your driver's license suspended or revoked? Yes No

If you answered yes please explain fully below and provide date, place, and charge:

EMPLOYMENT DESIRED/AVAILABILITY

Position for which you are applying: _____

Date Applied: _____ Approximate Date of Availability: _____

Have you ever been employed by the City of New Albany? Yes No

If yes, please provide dates previously worked and position(s) held: _____

EDUCATION

Circle highest level accomplished:

Elementary and Secondary: 1 2 3 4 5 6 7 8 9 10 11 12

College Undergraduate: 1 2 3 4 Graduate School: 1 2 3 4

Type of School	Name & Location Of School	Degree	Area of Study
High School		Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		G.E.D.: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College, University, Business, Technical, Vocational, or Military Academy		Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Degree:	
Graduate or Professional School		Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Degree:	

Are you currently enrolled in an education program? Yes No If yes, what is your main course of study and where are you attending? _____

LICENSES, CERTIFICATIONS, REGISTRATIONS

I possess:

a valid Driver's License _____
State & Number Expiration Date

a valid Commercial Driver's License _____
State & Number Expiration Date

Professional/Technical Licenses and Registrations			
Type	State	Number	Expiration Date (if any)

AWARDS, HONORS, ACHIEVEMENTS, INTERESTS

Please list any awards, honors, achievements, volunteer, or community service activities, special interests, hobbies, or any organizations of which you are/have been a member. Please indicate any positions of leadership previously/currently held.

TRAINING AND OTHER QUALIFICATIONS

Please list any training you feel is relevant to the position for which you are applying:
 Please use this area to briefly describe any additional information or special qualifications you have for the position for which you are applying. Please be sure to include any special machinery, office equipment, software, tools, vehicles, or other job related items:

Subject Area of Training	Organization Providing Training	Year Training Received

EMPLOYMENT HISTORY

List your work experience starting with your most recent employer. Please include all employment whether full-time, part-time, seasonal, or temporary during the past ten years. You may include additional experience beyond the past ten years if you desire and you are encouraged to do so if it is related to the employment you are seeking. You may attach additional pages, if necessary. Please do not use a resume as a substitute for completing this section; however, you may attach a resume to supplement the information contained within this employment application.

Current/Most Recent Employer: _____

Address: _____
Mailing Address City State Zip Code

Supervisor's Name: _____ Phone Number: (____) _____

Position Held: _____ Salary: _____

Dates of Employment: _____ to _____ Type of Employment: Full-Time Part-Time Seasonal/Temporary

Description of duties and responsibilities:

Reason for leaving: _____

The City of New Albany may contact former employers. If you prefer that we do not contact your present employer until such time as a conditional offer of employment is made, please check this block:

Previous Employer: _____

Address: _____
Mailing Address City State Zip Code

Supervisor's Name: _____ Phone Number: (____) _____

Position Held: _____ Salary: _____

Dates of Employment: _____ to _____ Type of Employment: Full-Time Part-Time Seasonal/Temporary

Description of duties and responsibilities:

Reason for leaving: _____

Previous Employer: _____

Address: _____
Mailing Address City State Zip Code

Supervisor's Name: _____ Phone Number: (____) _____

Position Held: _____ Salary: _____

Dates of Employment: _____ to _____ Type of Employment: Full-Time Part-Time Seasonal/Temporary

Description of duties and responsibilities:

Reason for leaving: _____

REFERENCES

Please list the names and addresses of three individuals, other than relatives, whom we may contact for a professional reference.

Name	Work Phone Number (with area code)	Other Contact Information	How do you know this individual?

PLEASE READ THE FOLLOWING STATEMENTS BELOW. BY SUBMITTING THIS APPLICATION YOU ARE ACKNOWLEDGING THAT YOU HAVE READ AND UNDERSTAND THE STATEMENTS BELOW.

I affirm that the information provided by me on this application for employment is true, complete, and correct to the best of my knowledge. I understand that any false statement given on this application for employment may be considered just cause for my immediate dismissal. I authorize investigation of all information related to items listed on this application for employment and release all persons, schools, companies, corporations, and other agencies to provide information concerning my background.

I acknowledge that I, voluntarily and of my own free will, have applied for employment with the City of New Albany with the understanding that the City may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures may include, but are not limited to, interviews, criminal record checks, driving record checks, polygraph examinations, written testing, reference checks, background investigations, psychological evaluations, medical examinations, and drug testing. I hereby understand that I would not be required to actually participate in a psychological evaluation, medical examination, and drug testing until after I have reached a conditional offer of employment. I also acknowledge that I may be subject to other screening procedures, not specifically listed above. I further acknowledge that any such screening procedures, as reasonable required by the City of New Albany, are a prerequisite to my appointment to a position with the City of New Albany.

I further acknowledge that the City of New Albany cannot guarantee the confidentiality of the results of, or information obtained through, the aforementioned screening procedures. Rulings of the Ohio Supreme Court relative to the Public Records Act indicate that, with certain enumerated exceptions, records maintained by a governmental entity are a matter of public record and, should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable period of time. Employment related documents, with the exception of medical records, maintained by the City of New Albany related to the aforementioned screening procedures do not appear to fall within the enumerated exceptions.

I further understand that the City of New Albany has a commitment to maintain an alcohol and drug free workplace and unless otherwise prohibited by law, I may be required to submit to a drug test for the illegal use of controlled substances if I am offered a position. The illegal use of controlled substances will result in disqualification from consideration for employment and any offer of employment withdrawn. If I am employed, I acknowledge that I may be required to submit to alcohol and/or drug testing under certain circumstances.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of New Albany is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time for any reason, except as otherwise determined by the Charter and Ordinances of the City of New Albany or applicable law. It is further understood that "at will" employment relationship may not be changed by any written document or contract unless such change is specifically acknowledged in writing by the authorized executive of the City.

Therefore, in consideration of my employment application being reviewed and considered by the City of New Albany I, being at least 18 years of age and under no legal disability on behalf of my heirs and assigns, hereby release and agree to hold harmless, the City of New Albany and any of its agents, employees, or related officials from any and all liability, whatever the type and nature, resulting from the administration of any such screening procedures and/or the release of the results there from.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____



PRE-EMPLOYMENT DRUG TESTING CONSENT

I understand that as a candidate for employment with the City of New Albany, I must, in order to be appointed to a position with the City of New Albany, voluntarily consent to, and pass, a drug screening to detect the presence of drugs in my system. I also understand that I will not actually be administered such a test until I have received a conditional offer of employment. I further understand that my application for employment will be rejected if I decline to sign this consent and thereby decline to be tested, if my results are confirmed to be positive for the presence of illegal drugs or legal drugs for which I cannot submit sufficient proof that such drugs were legally obtained and used, or if masking agents are detected in any specimen I provide as part of the testing procedure.

I hereby knowingly and voluntarily consent to participate in a substance abuse screening and authorize the City of New Albany to conduct, through its designated testing laboratory or other licensed/certified medical professionals/technicians, said screening. In addition, I authorize the designated testing laboratory or other licensed/certified medical professionals/technicians to release any and all information regarding the test(s), including the results, to the City of New Albany and its representative. I further release the City of New Albany, its officers, directors, employees, agents, representatives from any and all claims, suits, causes of action, liability, and damages arising from my submitting to the test(s) and from the information obtained from the test(s).

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____

I refuse to consent to a drug screening.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____

**DRUG AND ALCOHOL TESTING
ACKNOWLEDGEMENT, RELEASE AND CONSENT**

I understand that the City of New Albany has an Employee Drug Testing Program, which requires employees to submit to drug and/or alcohol testing under the following circumstances: when the City has reasonable suspicion to believe that an employee is under the influence of illegal drugs or alcohol while on City premises or on City business; following a serious violation of safety policies, rules, and regulations; or following a work-related accident resulting in any of the following: bodily injury (other than minor abrasions/contusions) to the employee or any third party requiring off-site medical attention; issuance of a traffic citation to the employee for a moving violation in connection with a vehicular accident; vehicular damage in apparent excess of \$1,000; non-vehicular property damage in apparent excess of \$500; any accident involving fatalities.

I understand that should I be appointed to a position with the City of New Albany, the City may request my participation in a drug/or alcohol test one or more times during my employment with the City. I further understand that I would be subject to appropriate disciplinary action including suspension or dismissal if the test results are positive, if masking agents are detected in specimens provided by me in conjunction with the testing procedure, or if I refuse to be tested.

I hereby knowingly and voluntarily consent to further drug and/or alcohol testing after appointment to a position with the City of New Albany, based upon the terms and conditions specified above, during the term of my employment with the City of New Albany. I authorize the City to conduct, through its designated testing laboratory or other licensed/certified medical professionals/technicians, urinalysis, blood, saliva, or breath testing. In addition, I authorize the designated testing laboratory or other medical professionals/technicians to release any and all information regarding the tests, including their results, to the City of New Albany and its representatives. I further release the City of New Albany, its officers, directors, employees, agents, representatives from any and all claims, suites, causes of action, liability, and damages arising from my submitting to the tests from the information obtained from the tests.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____

FAIR CREDIT REPORTING ACT NOTIFICATION

NOTICE & AUTHORIZATION FOR USE OF CONSUMER REPORTS

As part of the City of New Albany's procedures for evaluating employment applications and for other employment purposes, including promotion, transfer, or retention during the term of my employment, I understand that a consumer report may be obtained by the City. A consumer report may contain information, bearing on my credit worthiness, driving record, criminal record, character, general reputation, personal characteristics, or mode of living. I understand that a Consumer Reporting Agency may not give out information about me without my written consent. I understand that no report containing medical information about me will be provided to the City without my specific prior consent which is in addition to my general authorization below. I hereby authorize the City to request a report(s) from a Consumer Reporting Agency to be used for employment related purposes, including hiring, promotion, transfer, or retention now or in the future. I hereby authorize and request that any employer, school, police department, financial institution, or other person having information or knowledge about me, furnish the bearer of this authorization with all requested information they have regarding me. I agree and release and discharge the City, its employees, officers, agents, and affiliates, from any and all claims, rights of action or liability of any kind or nature that could result from the City's use or reliance upon the information contained in a consumer report.

NOTICE & AUTHORIZATION OF USE OF INVESTIGATIVE CONSUMER REPORTS

As part of the City's procedures for processing employment applications and for other employment purposes, including promotion, transfer, or retention during the term of my employment, I understand that a consumer report and/or and investigative consumer report may be obtained by the City. Such reports may contain information bearing on my credit worthiness, driving record, criminal record, character, general reputation, personal characteristics, or mode of living. I understand that in preparing an investigative consumer report, Consumer Reporting Agencies may conduct personal interviews with the persons I have identified as references, as well as other with whom I am acquainted. I understand that I have the right to request information from the City regarding the nature and scope of such an investigation. I acknowledge that I have received a document entitled "Summary of Your Rights Under the Fair Credit Reporting Act". I understand that the City will not obtain information from a Consumer Reporting Agency without my written permission. I hereby authorize the City to request consumer reports or investigative consumer reports to be used for employment related purposes including hiring, promotion, transfer, or retention now or in the future. I hereby authorize and request that any employer, school, police department, financial institution, or other person having information or knowledge about me, furnish the bearer of this authorization with all requested information they have regarding me. I agree and discharge the City, its employees, officers, agents, and affiliates, from any and all claims, rights of action or liability of any kind or nature that could result from the City's use or reliance upon the information contained in a consumer report.

ACKNOWLEDGEMENT

Signature of Applicant/Employee: _____

Name of Applicant/Employee (printed): _____

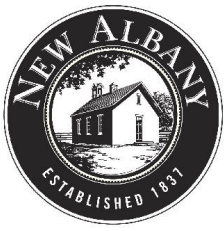
Applicant/Employee Social Security Number: _____

Date: _____

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies (CRA). There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a CRA (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if: a person has taken adverse action against you because of information in your credit report; you are the victim of identity theft and place a fraud alert in your file; your file contains inaccurate information as a result of fraud; you are on public assistance; you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You can dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a CRA may not report negative information that is more than seven years old, or bankruptcies that are more than ten years old.
- **Access to your file is limited.** A CRA may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A CRA may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a CRA, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violated the FCRA, you may be able to sue them in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.



EQUAL EMPLOYMENT OPPORTUNITY APPLICATION INFORMATION

An Equal Opportunity Employer

To help us comply with Federal Laws regarding Equal Employment Opportunity Record keeping, please answer the following questions as they apply. This form will be retained in a file separate from your employment application. **Completion of this form is completely voluntary.**

PERSONAL INFORMATION

Name: _____
Last First Middle

Social Security Number: _____

Position of Interest: _____

Source from which you were referred: _____
(name of newspaper, agency, friend, community organization, etc.)

Sex: Male Female Date of Birth: _____
Month Date Year

RACE/ETHNIC GROUP

- White: Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
 - Black: Persons having origins in any of the black racial groups of Africa.
 - Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American origins or other Spanish culture or origin, regardless of race.
 - American Indian or Alaskan Native: Persons having origins in any of the original people of North American and who maintain cultural identification through tribal affiliation or community recognition.
 - Asian/Pacific Islanders: Persons having origins in any of the original peoples of the Far East, South east Asia, the Indian Subcontinent or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.
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VERERAN & DISABILITY STATUS

- Vietnam-Era Veteran: Any veteran of the armed forces who, between August 5, 1964 and May 7, 1975, served on active duty for at least 181 consecutive days.
- Disabled Veteran: Any veteran entitled to disability compensation through the Veterans Administration for a disability rated at 30% or more; or any veteran discharged or released from active duty for a disability incurred or aggravated in the line of duty.
- Disabled: Any individual with a physical or mental impairment, which substantially limits one or more of the major life activities of the individual.