

Application for Employment

Application Valid for 90 Days from the Date Received

Personal Information

Position Applying For: _____

Date: _____

Name: _____ Social Security Number: _____

Present Address: _____

Permanent Address: _____

Phone Number: _____

Are You 18 Years or Older? Yes No

Are You Prevented from Lawfully Becoming Employed in

This Country Because of Visa or Immigration Status: Yes _____ No _____

Employment Desired

Position: _____ Date You Can Start: _____ Salary Desired: _____

Are You Employed Now? Yes No

If So May We Inquire of Your Present Employer? Yes No

Ever Applied to Sardis PD Before? Yes No

When? _____

Best time to contact you at home is? _____:

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If yes, give date: _____

Have you ever been employed with us before?

Yes No

If yes, give date: _____

Do any of your friends or relatives, other than spouse, work here?

Yes No

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country?

because of Visa or Immigration Status?

Yes No

Proof of Citizenship or Immigration Status Will be required Upon Employment

Date Available for Work: ___/___/___

What is your desired salary range? _____ to _____

Are you available to work?

Full Time

(Please Indicate 1 2 3 Shift)

Part Time

(Please Indicate Mornings Afternoon Evenings)

Temporary

(Please Indicate Date Available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job requires it?

Yes No

Education

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		<u>Dates Employed</u>		Work Performed
		From	To	
Address				
Telephone Number(s)		<u>Hourly Rate/Salary</u>		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

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

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

(Check Skills/Equipment Operated)

___ PC/MAC

___ Excel

___ Microsoft Word

___ Keyboard

___ Shorthand

___ Other: _____

WPM: ___

WPM: ___

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTIONS UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? Yes No

References

1.	_____	(____) _____
	Name	Phone Number

	Address	
2.	_____	(____) _____
	Name	Phone Number

	Address	
3.	_____	(____) _____
	Name	Phone Number

	Address	

Applicant's Statement

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No

Date of Employment _____

Job Title _____

Hourly Rate/Salary _____

Department _____

Position(s) Applied for is Open: Yes No

Position(s) Considered For:

By _____

Date _____

Name and Title

City of Sardis

Authorization For Release of Information Agreement

To Whom It May Concern,

I am an applicant for a position with the City of Sardis. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the City.

I hereby authorize any representative of the City of Sardis bearing this release to obtain any 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 authorized agent of the City, 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 personnel information, however personal or 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 records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory 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 examinations, and any internal affairs investigation and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, 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 attempt to comply with it. I direct you to release such information upon the request of the duly accredited representative of the City of Sardis regardless of any agreement I may have made with you previously to the contrary. The City of Sardis may discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City's acceptance and processing of my application for employment, I agree to hold your organization, its agents, and employees harmless from and any 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 Sardis. I understand that should information of serious criminal nature 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 Sardis in conjunction with employment procedures.

A photocopy or Fax copy of the 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.

This waiver is valid for a period of one year from the date 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 to whom this request is presented and his agents and employees, from and against all claims and damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Applicant's Name _____ Applicant's Signature _____

Date of Birth _____ Date of Signature _____

Social Security Number _____

Current Address _____

Notary Public _____

Current Phone Number _____

Commission Expires _____

In addition to a written application, and a back ground check, the City of Sardis Police Department requires a copy of your:

1. Birth Certificate
 2. High School Diploma or G. E. D. Certificate
 3. Drivers License
 4. Social Security Card
 5. Finger prints
 6. Any Training Certificates you hold
-

