

# **Employment Application**

The City of Bells is an Equal Employment Opportunity Employer.

"We respect and value our employees".



## Job Application

Date of Application:		
Position applied for:		
Personal details		
First name:	Last name:	
Preferred name:		
Address (Do Not Use Post Offi	ce Box):	
Telephone:		
Email:		
Emergency Contact & Telepho	ne:	
Do you have a High School Dip	loma or GED?  Yes  NO	
Name of High School you gradu	nated/obtained GED from:	
What is the highest level of educ	cation you have received?	
Education/Qualification	S	
Degree/Certifications	Institution /Training Provider	Date

cations (	(attach o	copies of lic	cense/certificates	<u>s)</u>	
				<del></del> -	
rat)					
Employment (previous first)  Employer Name/Location Dates from/to Position held Reason for leaving					
Dates from/to Pos		Posit	tion neid	Reason for leaving	
vious emp	oloyer(s)?	☐ Yes ☐ N	No		
			T		
Name		bhone No.	Position held/working relationship		
abla far	F	ıll Tima 🗆	Dont Time	Seasonal	
What type of work are you available for?  When will you be available to work?			rait Time	Seasonai 🔝	
	rst)  Dates f	rst)  Dates from/to  vious employer(s)?  Teleposition of the content of the conte	rst)  Dates from/to Posit  vious employer(s)?	Dates from/to Position held  vious employer(s)?  Yes No  Telephone No. Position held/w  able for? Full Time Part Time	

# If Yes, give details and disposition: (attach any supporting documentation) Please provide any other information that you identify as being pertinent to this application (medical conditions, disabilities) Declaration I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with the City. I understand that this application does not constitute an offer of employment.

Date:

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR CLASS B OR HIGHER MISDEMEANOR FROM

ANY STATE?

Signed:

# Notification and Authorization to Release Criminal Information for Employment Purposes

### **Notification**

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This check includes the following: Criminal history reference searches for felony, misdemeanor and sex offender registry convictions.

### **Authorization**

I hereby authorize the City of Bells to conduct a criminal background check as described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist the City of Bells in collecting this information. Additionally, I consent to a pre-employment drug test and will be subject to random drug test(s) after being employed.

I also am aware that records of arrests on pending charges and/or convictions are not an absolute bar to employment. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for the City of Bells.

Position(s) Applie	ed for:			
Please print (for ic	dentification po	urposes):		
Full Legal Name:	First	Middle	Last	
Other Names You		Past:		
Date of Birth:	Gender:	Female Male Social S	ecurity Number:	
	- ! 	State of Driver's License:		
Current Address:				
Previous Address			<del></del>	
Phone Number:		Alternate Phone Num	ber:	

Have you ever been convicted of a criminal offense or have any pending criminal charges against you?
(This refers only to felonies and misdemeanors; you do not need to include non- criminal traffic violations or municipal ordinance violations)
Yes No No
To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with the City of Bells. By signing below, I hereby provide my authorization to the City of Bells to conduct a criminal background check. I understand that I have a right to appeal an adverse employment decision made by the City of Bells based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven working days from the City of Bells receipt of such appeal.
Signature Date