



City Of Dublin Employment Application

For Internal Use Only

Date Received:	_____
Received By:	_____

PRINT IN BLACK INK OR TYPE. These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed. The City of Dublin is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but each copy must be signed. Resumes will not be accepted in lieu of applications, unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Social Security No.: _____

Position Applying for: _____ Date you can start: _____

Type of Work: Full-Time Part-Time Seasonal

Have you ever worked for the City of Dublin? YES NO If yes, when? _____

Are you related to any City of Dublin employee or elected official? YES NO If yes, explain: _____

Do you have a valid Driver's License YES NO Type of License: Class A Class B Class C

Driver's License Number: _____ Driver's License State: _____

Can you show proof of eligibility to work in this country? YES NO Are you under 18 years of age? YES NO

Have you ever been convicted of a felony? YES NO

If yes, please explain: _____

Conviction will not necessarily disqualify an applicant from employment

Have you ever been charged with or arrested for a criminal offense? YES NO

If yes, please explain: _____

Charge or arrest will not necessarily disqualify an applicant from employment

Education and Training

High School: _____ Address: _____

From: _____ To: _____ Did you graduate/achieve GED? YES NO

Please include undergraduate colleges or universities, graduate schools and technical, vocational or business schools. If you need additional space, please continue on a separate sheet of paper.

Higher Education		Institution :		Address:	
				YES	NO
From:	To:	Did you graduate?	<input type="checkbox"/>	<input type="checkbox"/>	Degree:
Higher Education		Institution :		Address:	
				YES	NO
From:	To:	Did you graduate?	<input type="checkbox"/>	<input type="checkbox"/>	Degree:

Previous Employment

Include all employment from the previous 10 years. Begin with your current or last position and work back. You may attach a resume if you wish, but you must fill out this section fully. If you need additional space, please continue on a separate sheet of paper.

Company:		Address:		Phone:	
				Supervisor:	
Job Title:		Starting Salary:\$		Ending Salary:\$	
Responsibilities:					
From:	To:	Reason for Leaving:			
				YES	NO
May we contact your previous supervisor for a reference?				<input type="checkbox"/>	<input type="checkbox"/>

Company:		Address:		Phone:	
				Supervisor:	
Job Title:		Starting Salary:\$		Ending Salary:\$	
Responsibilities:					
From:	To:	Reason for Leaving:			
				YES	NO
May we contact your previous supervisor for a reference?				<input type="checkbox"/>	<input type="checkbox"/>

Company:		Address:		Phone:	
				Supervisor:	
Job Title:		Starting Salary:\$		Ending Salary:\$	
Responsibilities:					
From:	To:	Reason for Leaving:			
				YES	NO
May we contact your previous supervisor for a reference?				<input type="checkbox"/>	<input type="checkbox"/>

Special Skills or Qualifications: Add any additional special job-related skills or qualification you may have received from your experiences (e.g., foreign language proficiency, office, or special equipment you can use and types of computer software and hardware:	

Military Service

Branch: _____	From: _____	To: _____
Rank at Discharge: _____	Type of Discharge: _____	
If other than honorable, explain: _____		

References

Please list three professional references that are not relatives

Full Name: _____	Relationship: _____
Address: _____	Phone: _____
Full Name: _____	Relationship: _____
Address: _____	Phone: _____
Full Name: _____	Relationship: _____
Address: _____	Phone: _____

Disclaimer and Signature

Read the following statements carefully and indicate your understanding and acceptance by signing in the space provided

PRE-EMPLOYMENT CONSENT FORM FOR SUBSTANCE TESTING

I hereby give my consent to a physical examination, including but not limited to the collection of a blood, urine or breath sample to be submitted for an alcohol, drug and controlled substance or any combination thereof, abuse screening test. Further, I hereby consent to the release of the test results to those City officials who make employment decisions for the City. I understand that any positive result from such test, like any other pre-employment investigation, which indicated my inability to satisfactorily perform the job for which I am applying may preclude my employment, and that the City shall be under no obligation to disclose to me the results of the test, or provide any reasons for my not being employed. Furthermore, I understand that my failure to execute this voluntary consent will result in my not being considered further for employment.

Signature of Applicant

Date

Signature of Guardian if Under 18

Date

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the City has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

Signature of Applicant

Date

Signature of Guardian if Under 18

Date

Background Check Authorization

In accordance with the Federal Privacy Act and other applicable laws and statues, I hereby authorize agents of the City of Dublin to make any and all necessary inquiries into my personal background history. I am aware and do consent that such inquiries will be made through appropriate background check agencies and that the report obtained as a result of said inquiry will contain detailed information about me. I am also aware, and do further consent and authorize, that such information obtained under this authorization will be used to evaluate my candidacy for employment with the City of Dublin.

Printed Name

Date of Birth

Driver's License Number

Current Street Address

City

State

Zip Code

Previous Street Address

City

State

Zip Code

Signature of Applicant

Date