

EMPLOYMENT HISTORY

Name of Employer	Immediate Supervisor	Start Date	End Date
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Employer Address	Employer Phone Number
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Starting Position	Current/Ending Position	Starting Wage	Ending Wage
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Description of Your Duties: _____

Reason for Leaving: _____

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REFERENCES

Please list the names & address of persons we may contact for professional recommendation (DO NOT LIST RELATIVES)

Name & Address	Telephone Number
Name & Address	Telephone Number
Name & Address	Telephone Number

EDUCATION & TRAINING

	Name of School, City & State	Dates Attended	Degree / Major
High School			
Business / Tech School			
College / University			
Other			

Use this space for an explanation of skills, tools, licenses or specialized training that you have received:

List computer software you can use proficiently:

Typing words per minute:

APPLICATION WILL NOT BE ACCEPTED IF THIS AFFIRMATION IS OMITTED

I affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief, and that intentional deception herein may be considered as sufficient cause for disqualification or dismissal if employed. I hereby waived all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, colleges or universities which I attend, or past employers, from disclosing any knowledge or information which they thereby acquire relevant to my employment and I hereby consent that they disclose such knowledge or information to the City of Farrell. I hereby also consent to the release of all my police records concerning any arrest with subsequent convictions for crimes. I release these records to the City of Farrell, and waive any right to personal privacy I might have over the records.

I am applying for employment with the City of Farrell. I understand that if employed, I agree to conform to the rules of the City of Farrell. I also agree that I shall be subject to other conditions which the City of Farrell may adopt.

“I affirm under oath, the statements made by me in this application are true, complete and correct to the best of my knowledge, and that I am aware that any false statement may be sufficient cause for termination from employment with the City.”

Signature of Applicant: _____ Date: _____

**AUTHORIZATION TO DO A BACKGROUND CHECK FOR RELEASE OF CONFIDENTIAL
INFORMATION AND WAIVER OF PRIVACY RIGHTS**

Please read the following before signing:

I, _____, hereby authorize the City of Farrell and its agents or employees to conduct a background check on me and authorize the release of pertinent information concerning me from any source, including, but not limited to, past employers.

The undersigned applicant, in granting this application, hereby specifically waives any right to personal privacy he or she might have in the above information and releases the City of Farrell and any person or agency from any liability whatsoever resulting from the release of such information.

My signature below certifies that my responses on the Application for Employment are true and complete to the best of my knowledge. I understand that employment is based on completion of all pre-employment requirements and procedures which may include:

- ✓ Interviews
- ✓ Urine drug screen
- ✓ Proof of identity and employment eligibility for work in the U.S.
- ✓ Education and reference checks
- ✓ Testing (if applicable)
- ✓ Criminal and motor vehicle record check

Compliance with the City of Farrell's drug testing policy is a condition of employment.

Therefore, all job offers are made with the understanding that prospective employees pass a drug screening test prior to being hired.

I understand and agree that any falsification or omission, either on this form or in response to questions asked during my interview or examination process or on employment forms I subsequently complete, including I-9 forms, shall be grounds for immediate termination, no matter when the falsification or omission is discovered.

Signature of Prospective Employee

Date

Date of Birth

Social Security Number

Drivers License Number