



Date	Name and Address of Employer	Salary	Position	Reason for Leaving
Month and Year				
From				
To				
From				
To				
From				
To				
From				
To				

## REFERENCES

List below three persons, not related to you, whom you have known at least one year.

Name	Address	Telephone No.	Years Acquainted

If you are to be hired by the City, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

## AUTHORIZATION

**I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge.** I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the City.

I understand that any employment is conditioned on a background check. I authorize the City to thoroughly investigate all **statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the City, without giving me prior notice of such disclosure.** In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigations or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. **I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the City.** No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City unless made in writing.

**If I am offered employment I agree to submit to a medical examination and drug test before starting work.** If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the City and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the City the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired, a condition of my employment will be that I abide by the City's Drug and Alcohol Policy.

**I understand that filling out this form does not indicate there is a position open and does not obligate the City to hire. If hired, I agree to abide by all City work rules, policies and procedures. The City retains the right to revise its policies or procedures, in whole or in part, at any time.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature