

Application for Employment

Applications will only be accepted for open, advertised positions.

The City of Millersville is an equal opportunity employer and considers applicants without regard to race, religion, gender, national origin, age, disability or any other legally protected status.

PLEASE PRINT LEGIBLY

Position Applied For: _____ Salary/Wage Requirements: _____

GENERAL INFORMATION:

First Name: _____ Middle Name: _____ Last Name: _____

Street Address: _____ City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you at least 18 years of age? Yes No

Are you related by blood, adoption or marriage to a current employee of the City? Yes No

If yes, please give name and relationship: _____

If employed, will you be able to produce evidence that you are eligible for employment in the United States?

Yes No

Proof of employment eligibility will be required upon employment.

Have you ever been convicted of any felonies other than minor traffic violations? Yes No

If yes, please explain: _____

A criminal record or a conviction will not automatically bar employment but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.

Have you ever been employed by the City of Millersville? Yes No

If yes, what position was held? _____ If yes, give dates: _____

Are you able to work overtime, if required? Yes No First available date for work: _____

Employment Desired: Full Time Part Time Temporary Other _____

Are you able to perform the essential functions of the job for which you applied, with or without reasonable accommodation, based on the job description provided? Yes No

EDUCATION & TRAINING:

High School Attended: _____ City: _____ State: _____

Do you have a high school diploma or GED? Yes No *A high school diploma/GED may not be required for all positions. Not possessing a diploma/GED may disqualify an applicant from some positions based on job necessity.*

College / University / Trade or Technical School	City and State	Major Area of Study	Degree Earned	Graduated Yes or No

KNOWLEDGE, SKILLS, & ABILITIES

What skills or additional training do you have that relate to the job for which you are applying?

What machines or equipment can you operate that relate to the job for which you are applying?

List all professional certifications you currently hold:

What language(s) can you speak and/or read and write fluently? _____

Complete only if position requires driving:

Do you have a valid driver's license? Yes No Type: _____Have you ever had your driver's license suspended or revoked? Yes No

EMPLOYMENT HISTORY:

List your last four employers, starting with the most recent including military experience. Account for all military service and any periods of unemployment. If self-employed, give name of business.

May we contact your current employer? Yes No

Employer: _____ Job Title: _____

Street Address: _____ City, State, Zip Code: _____

Telephone Number: _____ Employed From: _____ To: _____

Rate of Pay: _____ Reason for Leaving: _____

Employer: _____ Job Title: _____

Street Address: _____ City, State, Zip Code: _____

Telephone Number: _____ Employed From: _____ To: _____

Rate of Pay: _____ Reason for Leaving: _____

Employer: _____ Job Title: _____

Street Address: _____ City, State, Zip Code: _____

Telephone Number: _____ Employed From: _____ To: _____

Rate of Pay: _____ Reason for Leaving: _____

Employer: _____ Job Title: _____

Street Address: _____ City, State, Zip Code: _____

Telephone Number: _____ Employed From: _____ To: _____

Rate of Pay: _____ Reason for Leaving: _____

if additional space is needed, please continue on a separate sheet of paper

REFERENCES:

List three professional references not related to you. If not applicable, list three school or personal references not related to you.

Name	Telephone Number	Years Known

AUTHORIZATION / ACKNOWLEDGEMENT

By my signature below, I certify that all of the information and statements provided by me in and with this application are true and correct.

It is understood and agreed upon that any misrepresentation or omission by me in this application will be sufficient cause for cancellation of this application and/or separation from the City of Millersville if I have been employed.

I give the City of Millersville the right to investigate all references and to secure additional information about me, including criminal history, if job-related and consistent with business necessity.

I consent to the release of information to the City of Millersville about my ability and fitness for employment by employers, schools, law enforcement agencies and other individuals and organizations, as applicable.

I hereby release from liability the City of Millersville and its representatives for seeking such information and all other persons, corporations or organizations for providing such information.

I understand that, if based upon job-related necessity, a consumer credit investigation is required for employment, I will be provided a separate notice and authorization under the Fair Credit Reporting Act (FCRA) 15 U.S.C. § 1681.

I understand that if offered a position with the City of Millersville, I will be required to pass a pre-employment drug screen and a job-related pre-employment physical.

Should I be offered employment, I understand that:

- 1) The offer is contingent upon the results of my background check and post-offer drug screen.
- 2) To be an employee of the City of Millersville proof of legal authorization to work in the United States is required. If hired, I must provide the necessary authorization documents within three (3) business days of hire.
- 3) Employment with the City of Millersville is 'At-Will' meaning that I may resign at any time, or may be discharged at any time, with or without cause.

Printed Name: _____

Signature: _____

Date: _____

For Personnel Office Use Only	
Arrange Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remarks: _____	
Interviewer: _____	Date of Interview: _____
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Hire Date: _____ Job Title: _____
Rate of Pay: _____	Department: _____

POLICE OFFICER APPLICATION SUPPLEMENT

****ONLY complete this section if you are applying for the position of Police Officer****

Are you at least twenty-one (21) years of age? Yes No

Are you currently P.O.S.T Certified in the State of Tennessee? Yes No

If 'Yes', please provide your certification #: _____

If 'No', have you ever been P.O.S.T. Certified in the State of Tennessee? Yes No

Please explain:

Are you currently a Certified Police Officer in **another state**? Yes No

If 'Yes', please provide your certification # and state of certification: _____

Have you been convicted of any felony or of a misdemeanor involving force, violence, theft, dishonesty, gambling, liquor or other alcoholic beverages or controlled substances? Yes No

Have you been convicted of any crime? Yes No

If 'Yes' please list the crime(s) and date(s) of conviction(s):

Have you ever been discharged from any branch of the armed forces of the United States of America (including active duty, guard, or reserve)? Yes No

Have you been discharged from the military under anything other than an honorable discharge? Yes No

If so, what is the nature of your discharge? _____

POLICE OFFICER APPLICATION SUPPLEMENT

****ONLY complete this section if you are applying for the position of Police Officer****

CONSENT AND ACKNOWLEDGMENT FORM

CITY OF MILLERSVILLE
DRUG/ALCOHOL TESTING PROCEDURES
CONSENT AND ACKNOWLEDGMENT FORM

As an applicant or an employee with the City of Millersville, I hereby consent to and acknowledge that I am scheduled to undergo drug and/or alcohol testing. The initial test will be an immunoassay. All positives will be confirmed by GC/MS. All testing will be conducted in a SAMHSA certified laboratory under contract with National Toxicology Specialists. The test for alcohol will be a breath analysis test. The drug test will involve an analysis of a urine sample, which I will provide at a designated site. The purpose of the test will be to test for the presence of the following substances: amphetamines, marijuana, cocaine, opiates, PCP, alcohol, and/or any additional drugs listed in the Tennessee Drug Control Act.

I authorize qualified personnel to take and have analyzed appropriate specimens to determine if drugs and/or alcohol are present in my system. I acknowledge that the drug/alcohol screen test results will be made available to the testing laboratory, medical review officer (MRO), the City Manager, or his/her designee.

As an applicant, I am aware that a confirmed and verified positive drug/alcohol test result will rescind my conditional offer of employment. As an employee, I am aware that a confirmed and verified positive test result may lead to disciplinary action up to and including immediate dismissal. I understand that failure or refusal to submit to any test or any procedure under the City's Drug and Alcohol Testing Policy in a timely manner will be grounds for refusal to hire or for termination.

I will present a copy of this form to the collection site when I report for my schedule drug/alcohol test. I also understand that failure to provide adequate breath for testing without a valid medical explanation, failure to provide adequate urine for controlled substances testing without a valid medical explanation, and engaging in conduct that clearly obstructs the testing process are the same as refusing to test.

I understand that if the urinalysis confirms the presence of drugs, I have the option to request that the split sample be sent to another certified laboratory for analysis at my expense. I understand that a failed breath alcohol test will be confirmed by a second test administered in accordance with the City's Drug and Alcohol Testing Policy.

Name of Applicant or Employee: _____

Department Name: _____

Social Security# _____

(Signature of Applicant or Employee)

Date

(Signature of Witness)

Date

City of Millersville

Release for Background Check

The City of Millersville requires the following information from the applicant for the background investigation.

Full Name: _____
(Last, First, Middle)

Other Names Used: (Aliases) _____

Home Address: (Street, City, State & Zip Code) _____

Please list all states you have lived in: _____

Sex: _____ Race: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Place of Birth: _____ Date of Birth: _____ US Citizenship: _____

Armed Forces # _____ Miscellaneous # _____

TN DL # _____ Social Security # _____

I give my permission to the City of Millersville to do a background investigation on me.

Signed : _____

And please provide a copy of your Drivers License.

OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS REGARDING BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES

Disclosures

Investigative Consumer Report:

City of Millersville (the "Company") may request an investigative consumer report about you from HireRight, LLC ("HireRight"), a consumer reporting agency, in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable). An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references through personal interviews with sources such as your former employers and associates, and other information sources. The investigative consumer report may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

Ongoing Authorization:

If the Company hires you or contracts for your services, the Company may obtain additional consumer reports and investigative consumer reports about you without asking for your authorization again, throughout your employment or your contract period, as allowed by law.

Additional State Law Notices:

Please see the "Additional State Law Notices" for California, Massachusetts, Minnesota, New Jersey, New York, and Washington that are provided below, as applicable. A California disclosure and summary of your rights under California Civil Code Section 1786.22, and a copy of New York Article 23-A, are being provided to you separately.

Summary of Rights under the Fair Credit Reporting Act:

A summary of your rights under the Fair Credit Reporting Act is being provided to you separately.

San Francisco Fair Chance Ordinance Official Notice:

A copy of the San Francisco Fair Chance Ordinance Official Notice is being provided to you separately.

HireRight Privacy Policy:

Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Acknowledgments & Authorization

I acknowledge that I have received and carefully read and understand the separate "Disclosure and Authorization Regarding Background Investigation for Employment Purposes"; and the separate "Summary of Rights under the Fair Credit Reporting Act" that have been provided to me by the Company. I also acknowledge receipt of and that I have carefully read and understand (as applicable), the separate California Disclosure and Summary of Rights under California Civil Code Section 1786.22; the separate New York Article 23-A; and the separate San Francisco Fair Chance Ordinance Official Notice that have been provided to me.

By my signature below, I authorize the preparation of background reports about me, including background reports that are "investigative consumer reports" by HireRight, and to the furnishing of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment or engagement for services (including independent contractor or volunteer assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain from HireRight (or from a consumer reporting agency other than HireRight) additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period.

I understand that if the Company obtains a credit report about me, then it will only do so where such information is substantially related to the duties and responsibilities of the position in which I am engaged or for which I am being evaluated.

I understand that information contained in my employment (or contractor or volunteer) application, or otherwise disclosed by me before or during my employment (or contract or volunteer assignment), if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I understand that the information included in the background reports may be obtained from private and public record sources, including without limitation and as appropriate: government agencies and courthouses; educational institutions; and employers. Accordingly, I hereby authorize all of the following, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local government agencies and courts; educational institutions (public or private); testing agencies; information service bureaus; credit bureaus and other consumer reporting agencies; other public and private record/data repositories; motor vehicle records agencies; my employers; the military; and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my: employment and earnings

history; education, credit, motor vehicle and accident history; drug/alcohol testing results and history; criminal history; litigation history; military service; professional licenses, credentials and certifications; social security number verification; address and alias history; and other information.

By my signature below, I also promise that the personal information I provide with this form or otherwise in connection with my background investigation is true, accurate and complete, and I understand that dishonesty or material omission may disqualify me from consideration for employment. I agree that a copy of this document in faxed, photocopied or electronic (including electronically signed) form will be valid like the signed original. I further acknowledge that I have received additional state law notices that I have reviewed and read.

Additional State Law Notices

Please also note the following:

CALIFORNIA: Pursuant to section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the actual copying costs, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by certified mail. You may also receive a summary of the file by telephone, upon submitting proper identification and written request. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information, and will provide a written explanation of any coded information contained in your file. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. "Proper identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. If you cannot identify yourself with such information, the consumer reporting agency may require additional information concerning your employment and personal or family history to verify your identity.

HireRight, LLC ("HireRight") will prepare the background report for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761. Information about HireRight's privacy practices is available at www.hireright.com/Privacy-Policy.aspx.

Additional California-specific information is set out below.

MASSACHUSETTS: Upon request to the Company, you have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, you have the right to receive a copy of any such report. You also have the right to ask the consumer reporting agency (e.g., HireRight) for a copy of any such report.

MINNESOTA: You have the right in most circumstances to submit a written request to the consumer reporting agency (e.g., HireRight) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after (i) its receipt of your request or (ii) the date the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to the consumer reporting agency (e.g., HireRight) for a copy of any investigative consumer report the Company requested about you.

NEW YORK: You have the right, upon written request to the Company, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown above is the address and telephone number for HireRight, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is also provided below.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received or the Company ordered the report, whichever is later. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Applicant Name _____

Applicant Signature _____ Date _____