

Application for Employment

Equal Opportunity Employment Disclosure

The City of Millersville is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age, disability, genetic information, veteran status, or any other protected status in accordance with applicable laws.

PLEASE PRINT LEGIBLY

Position: _____ Salary Expectations: \$ _____ Hour - Year

Employment Desired (Circle one): Full Time Part Time Paid Per Call Volunteer

General Information:

First Name: _____ Middle: _____ Last: _____

Home Address _____ (City, State, Zip)

Home Phone: _____ Cell Phone: _____

Email: _____ Are you currently 18 years of age or older: **Yes No** (circle one)

Are you related to a current employee of the City of Millersville by blood, marriage or adoption: **Yes No** (circle one)

If yes, provide name and relationship: _____

Have you ever been employed by the City of Millersville: **Yes No** (circle one)

Provide dates and position: _____

Are you able to perform the essential duties for the job you have applied for with or without reasonable accommodation based on the job description provided to you? **Yes No** (circle one) (Job description available upon request.)

Are you able or willing to work overtime or be on-call, if required? **Yes No** (circle one)

If employed, are you able to provide evidence that you are eligible for employment in the United State? **Yes No** (circle one)
Proof of employment eligibility will be requested upon employment.

Do you have a Valid Driver's license? **Yes No** (circle one) Class: _____ Driver's license #: _____ State: _____

Have you ever had your driver's license suspended or revoked? **Yes No** (circle one) State: _____

Have you ever been convicted of any offence other than minor traffic violations? **Yes No** (circle one)

If yes, explain: _____

A criminal conviction for minor offences may not automatically disqualify you from employment. It will be considered as it relates to the position for which you are applying.

A copy of your valid driver's license MUST BE provided at the time of application. This is required as part of the background authorization.

Education and Training:

Do you have: High School Diploma or GED (Circle One)

High school attended: _____ City/State: _____

College/University/Technical School	City and State	Major	Degree Type	Graduated Yes/No

Knowledge, Skills and Abilities

What **additional training and/or certifications** do you have that relate to the job for which you are applying?

Name of Training Class and/or Certification	Can you provide a certificate?

If additional room is need use the back of this form

What **skills** do you have that relate to the job for which you are applying?

1.	6.	11.
2.	7.	12.
3.	8.	13.
4.	9.	14.
5.	10.	15.

If additional room is need use the back of this form

Employment History:

List the last 10 years of your employment history, starting with most recent, including military experience. If self-employed provide the name of your business. **Use the back of this form if additional room is needed.** Explain any employment gaps greater than 3 months back.

Employer: _____ Title: _____
Street address: _____ City/State/Zip _____
Telephone number: _____ - _____ - _____ Dates Employed: From: _____ To _____
Reason for leaving: _____

Employer: _____ Title: _____
Street address: _____ City/State/Zip _____
Telephone number: _____ - _____ - _____ Dates Employed: From: _____ To _____
Reason for leaving: _____

Employer: _____ Title: _____
Street address: _____ City/State/Zip _____
Telephone number: _____ - _____ - _____ Dates Employed: From: _____ To _____
Reason for leaving: _____

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Street address: _____ City/State/Zip _____
Telephone number: _____ - _____ - _____ Dates Employed: From: _____ To _____
Reason for leaving: _____

Employer: _____ Title: _____
Street address: _____ City/State/Zip _____
Telephone number: _____ - _____ - _____ Dates Employed: From: _____ To _____
Reason for leaving: _____

Professional Reference not related to you. If not applicable list three school or personal references, not related to you.

Name	Contact number	Years known

AUTHORIZATION / ADVISMENT TO CONDUCT A PRE-EMPLOYMENT BACKGROUND INVESTIGATION
INFORMED CONSENT RELEASE AND HOLD HARMLESS FOR CONFIDENTIALITY OF PRE-EMPLOYMENT BACKGROUND
INVESTIGATION DATA

Applicant Name: _____

I fully understand that under state law, individuals must clearly demonstrate their personal, medical and psychological fitness to serve in the City of Millersville for the position in which the individual has applied. I understand further that an employing agency must make reasonable efforts to ensure that any employed person will conform to the standards required by law.

I understand that I am authorizing an intensive investigation into all aspects of my personal and/or professional life, medical and psychological fitness and such investigations will include contacting people and organizations that have information relating to my ability to perform the duties required to be employed by The City of Millersville. I also understand that those people and/or organizations may feel inhibited, intimidated or reluctant to furnish information concerning my fitness and/or eligibility unless confidentiality of their information can be guaranteed on a permanent basis, which means I understand that the information provided is given in confidence. I understand that I will not be permitted to access or review the furnished information communicated by those people or organizations about my suitability for employment.

I further recognize that although some of the information contained in the background investigative report is a matter of public record or otherwise accessible to me, this information may be inextricably interwoven with other information that is confidential, and I may not be privileged to. I have been informed by the City of Millersville and/or The Millersville Police Department that because this background is mandated by law, responses from people and/or organizations solicited or unsolicited is protected. I understand that the information communicated must be given freely and openly to the background investigator about my qualifications and suitability for employment without fear that their statements might subject them to liability or become known to me.

Therefore, I exonerate, release and discharge the City of Millersville and the Millersville Police Department along with all persons and organizations along with their officers, agents, or representatives from any claim for liability and/or damages of any kind, whether in law or equity on behalf of myself, my heirs, my agents or designees for their communications in reference to my suitability for employment, and for any refusal to make available to me any and all confidential information contained in this pre-employment investigation, including but not limited to the identity of any person or organization who may have supplied information in the course of this investigation, as well as the substance of any such information supplied which might identify the person or organization, and from any other compliance with the authorization or attempts to comply with it.

With my signature below, I certify that all the information and statements provided by me in and with this application are true and correct. I have had adequate time to review this form, I understand its meaning and purpose. I have been made aware of its contents and have been made no promises of employment. I understand that I have a right to be furnished a signed copy of this form.

Applicant Signature: _____

Date: _____

AUTHORIZATION / ACKNOWLEDGEMENT

I understand and give the City of Millersville and/or the Millersville Police Department the right to contact all persons and/or organizations during this investigation to secure additional information about me including criminal history, personal history, employment history, if job-related and consistent with employment and business necessity.

I consent to the release of information to the City of Millersville about my ability and fitness for employment by employers; schools; federal, state and local government agencies; and other people or organizations if applicable.

I hereby exonerate, release and discharge the City of Millersville and its representatives for seeking such information along with the entities providing such information.

I understand that, if based off job related necessity for the position I have applied for, a consumer credit investigation is required for employment. I will be provided with 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 physical and/or psychological examination to determine my fitness for employment.

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 and/or the findings of my job-related physical examination and/or psychological examination.
- 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 and documentation within 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.

Print Name: _____

Applicant Signature: _____ Date: _____

City of Millersville

Release for Background Check

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

Full Name: _____
(First, Middle, Last)

Other Names/Aliases to include maiden name if applicable: _____

Home Address: _____ City/State/Zip: _____

List all states you have resided in: _____

Sex: _____ ➔ Race: _____ ➔ Weight: _____ lbs. ➔ Height: _____ ft _____ in ➔ Eye color: _____ ➔ Hair color: _____

State of Birth: _____ Date of Birth: _____ Social Security Number: _____

US Citizenship (if applicable) Yes / No Work Visa number (if applicable): _____

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

Armed Forces Number (if applicable) _____ Active Duty or Reserve? _____

Military Contact: Name: _____ Contact Number: _____

I, _____ (print name legibly) authorize the City of Millersville to conduct a background check as part of the employment application process. I understand that this may include verification of the information provided in my application, as well as a review of criminal history, employment history, education, character, general reputation and other relevant records. I further understand that the City of Millersville may obtain additional information throughout my employment, contract period or volunteer assignment without asking for my authorization again.

By my signature below, I agree that the personal information I provide with this application or otherwise in connection with my background investigation is true, accurate and complete to the best of my knowledge. 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.

Print first and last name: _____

Sign first and last name: _____

At Will Statement:

I understand that employment with the City of Millersville is at-will, meaning that either I or the company may terminate the employment relationship at any time, with or without cause or with or without notice, subject to applicable law. I further understand that no representative of the company has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to this at-will policy, unless it is in writing and signed by an authorized representative of the company and myself.

Sign first and last name: _____

City of Millersville

Drug and Alcohol Testing Procedures

Consent and Acknowledgement Form

I understand that as part of the pre-employment process with the City of Millersville, I am required to undergo drug and/or alcohol testing. I hereby voluntarily consent to provide a specimen for testing and authorize the release of the test results to authorized personnel with the City of Millersville for employment consideration. The test results will be confidential and will only be shared on a "need to know" basis with authorized personnel. For applicants the test results will be used for employment consideration only, as required by law.

I further understand and agree that, if hired, I may be required to submit to drug and/or alcohol testing during the course of my employment under certain circumstances, including but not limited to post-accident, reasonable suspicion, follow-up, transfer into a safety sensitive position, return to duty, and random testing, in accordance with the City of Millersville policies. Additional authorization for drug and alcohol testing throughout the course of your employment with the City of Millersville, may not be requested or required.

I understand that testing may be conducted in accordance with the Drug-Free Workplace Act of 1988; applicable U.S. Department of Transportation (DOT), Federal Highway Administration (FHWA), and Omnibus Transportation Employee Testing Act of 1991 regulations; and any other state or federal rules that apply.

I understand that the initial urine drug screen will be an immunoassay drug test. If the results are positive the sample will be confirmed by using Gas Chromatography-Mass Spectrometry. All testing will be conducted in Substance Abuse and Mental Health Services Administration (SAMHSA) federally certified laboratory. The urine sample provided will be tested for the Federal Register "SAMHSA panel" which includes Amphetamines, Cocaine Metabolite, Marijuana, Opiates, Phencyclidine (PCP), Ecstasy, methylenedioxyamphetamine (MDA), Heroin, Hydrocodone, Oxycodone, Hydromorphone and Oxymorphone. The substances listed on the "SAMHSA panel" is subject to change without notification. If breathalyzer test is conducted it is to test for the presence of alcohol, which may require additional follow-up with a urine or blood test.

I understand that if the urinalysis confirms the presence of drugs, I have the option to request the split sample be sent to another certified laboratory for analysis at my personal expense. I understand that samples are held at the laboratory for one (1) calendar year from the date of collection, however, if a portion of the original sample for re-testing is to be performed, at the expense of the employee to dispute a positive result, it must be tested within thirty (30) days from the date of the positive test result. I understand that a failed breath alcohol test will be confirmed by a second test administered, with a possible urine or blood sample requested, if required.

As an applicant I am aware that a confirmed and verified positive drug and/or 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 further understand and agree that refusal to submit to testing in a timely manner, attempting to adulterate or substitute a specimen, or failing a drug or alcohol test may result in refusal to hire or, if a current employee, disciplinary action up to and including termination, in accordance with the City's policy. I also understand that failure to provide adequate urine for controlled substances testing without medical explanation and engaging in conduct that clearly obstructs the testing process are the same thing as refusing to participate in the testing process.

My signature below indicates that I have read, understand, and consent to comply with this policy as a condition of my employment and continuing employment with the City.

Print first and last name: _____

Sign first and last name: _____

Date: _____ DOB: _____ Social Security Number: _____

Millersville Police Department Application Supplement

Only complete this section if you are applying to work within Millersville Police Department

Are you currently twenty-one (21) years of age or older? **Yes No (circle one)**

Are you currently P.O.S.T. certified in the state of Tennessee? **Yes No (circle one)**

If yes, provide your P.O.S.T. certification number: _____

If not, have you ever been P.O.S.T. certified in the State of Tennessee? **Yes No (circle one)**

Please explain why you are no longer certified:

Are you currently or in the past a certified Police Officer in a state(s) other than Tennessee?

Yes No (circle one) If yes, provide the state(s) and certification number(s): _____

Have you ever been de-certified in any state(s)? **Yes No (circle one)**

If yes, explain and list the state: _____

Have you been convicted of any felony or misdemeanor involving: force, violence, theft, dishonesty, gambling, alcohol or drug related offences? **Yes No (circle one)**

If yes, 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, or any other country, under anything other than an honorable discharge? **Yes No (circle one)**

If yes, list the nature of the discharge: _____
