THE CITY OF TRENTON
PUBLIC SAFETY DEPARTMENT



EMPLOYMENT APPLICAITON

EMPLOYMENT APPLICATION FORM

The City of Trenton is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, sex, age, handicap, marital status, religion or any other legally protected status.

Date: _____

On what date are you available for work?_____

Are you available to work the following?
Evenings_____Midnights_____Weekends_____

POSITION(S) APPLYING FOR: _____

PERSONAL HISTORY

1. Full Name:

_____
Last First Middle

_____
Current Home Street Address City State Zip Code

_____
Mailing Address if different from above City State Zip Code

( ) ( )
Home Telephone Number Alternate Telephone Number-List Type: _____
(Pager, work, cellular, etc.)

2. Other: List all other names you have used including circumstances and time periods you used them. (For example: former, maiden, birth name(s), alias(es), or nickname(s).

Name	Circumstance	Dates From: Month/Year	Dates To: Month/Year

3. Have you ever filed an application with us before? ☐ Yes ☐ No

4. Have you ever been employed by us before? ☐ Yes ☐ No

5. Are you related to a member of the Trenton PD? ☐ Yes ☐ No
If yes, name and relationship_____

6. Have you ever applied for employment with any other law enforcement agency (city, county, state or federal)? ☐ Yes ☐ No
If yes, list agencies in table below.

Agency Name	City/State	Date Applied	Employed?

EDUCATION/TRAINING

High School Name/City/State	Dates Attended (Mo./Yr.)		Years Completed	Did you Graduate?	Type of Diploma (HS/GED)
	From	To			

College/University Name/City/State	Dates Attended (Mo./Yr.)		Credit Hours Earned		Did you Graduate?	Type of Degree/ Major
	From	To				

Other Schools (Law Enforcement, Trade, Vocational, Business or Military):

School Name/City/State	Dates Attended (Mo./Yr.)		Credit Hours Earned	Did you Graduate?	Type of Degree/ Certification
	From	To			

1. Describe any awards, honors, citations, positions held in school/college/community organizations and any other special recognition you have received:

2. Indicate any special licenses or certifications such as pilot, radio operator, etc., showing licensing authority, where the license was first issued, and date current license expires:

3. Indicate any special skills or abilities you possess and/or equipment you can use which may be related to law enforcement work. (For example: two-way radio communications, Breathalyzer, speed detection equipment, firearms):

EMPLOYMENT HISTORY

1. Have you ever been terminated, asked to resign or left by mutual agreement from any employment or position you have ever held for any reason, including allegations of misconduct or unsatisfactory performance? ☐ Yes ☐ No
   If yes, provide details.

2. Have you ever had any disciplinary action taken against you as a result of any employment or position you have ever held?
   ☐ Yes ☐ No If yes, provide details.

3. Have you ever performed paid or unpaid services for a law enforcement agency not listed as an employer?
   ☐ Yes ☐ No If yes, please provide name of agency and dates of service.

4. List **chronologically all** employment **BEGINNING WITH PRESENT EMPLOYMENT,** including summer, volunteer and part-time employment while attending school. **All time MUST be accounted for. If unemployed for a period, list dates of unemployment.**

Name & Address of Employer (Most Recent First)	Dates Worked (Mo./Yr.)		Salary	Title or Position	Name of Supervisor	Reason for Leaving
	From	TO				
Name Address City,State,Zip Area Code & Phone No.						
Name Address City,State,Zip Area Code & Phone No.						
Name Address City,State,Zip Area Code & Phone No.						
Name Address City,State,Zip Area Code & Phone No.						
Name Address City,State,Zip Area Code & Phone No.						
Continue, in above format, on separate 81/2 x11 sheet of paper						

RESIDENCES

1. List places of residence for past 5 years. List chronologically beginning with present all addresses, including residences while at school and in military. When listing campus residences, give school name, dormitory name, city and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city and state.

Dates (Mo/Yr.)		Apartment Number	Street Address (If apartment complex, include complex name)	City	County	State & Zip Code
From	To					

ARREST HISTORY/COURT DATA

1. Have you ever been arrested, charged or received a notice of summons to appear for any criminal offense? ☐ Yes ☐ No
   If yes, provide details in table below.

Agency Name/Location	Date	Charges	Disposition

2. Have you ever been detained by a law enforcement officer for investigative purposes? ☐ Yes ☐ No
   If yes, provide details.

   _____

   _____

3. To your knowledge, have you ever been the subject of or a suspect in any criminal investigation? ☐ Yes ☐ No
   If yes, provide details.

   _____

   _____

4. Have you ever been fingerprinted for any reason (arrest, job application, military, etc.)? ☐ Yes ☐ No
   If yes, provide details.

   _____

   _____

5. Have you ever been a plaintiff or defendant in a court proceeding? ☐ Yes ☐ No If yes, provide details.

   _____

   _____

DRIVING HISTORY

1. Florida Driver License No.: _____ Date of Expiration:_____ Restrictions:_____

2. Do you hold or have you ever held a driver license in another state? ☐ Yes ☐ No
If yes, please provide state(s), name used and approximate dates license(s) was/were held.

_____

_____

_____

_____

3. Have you ever been denied issuance of a driver license or have you ever had a driver license suspended, canceled or revoked? ☐ Yes ☐ No If yes, provide complete details.

_____

_____

_____

_____

4. During the past seven (7) years, have you received a traffic citation or been charged with a traffic violation (excluding parking citations)? ☐ Yes ☐ No If yes, provide details in table below.

Agency Name/Location	Date	Charges	Disposition

MILITARY HISTORY

1. Are you registered for Selective Service? ☐ Yes ☐ No
   If yes, your Selective Service Number: _____
   Classification: _____ Date of Classification: _____
   Address of Local Board: _____
2. Have you ever served on active duty in the Armed Forces of the United States? ☐ Yes ☐ No
   Branch of Service: _____ Highest Rank: _____
3. Serial #: _____ Duty Dates: From: _____ To: _____ From: _____ To: _____
   Duty Dates: From: _____ To: _____ From: _____ To: _____
4. Date and type of discharge: _____
5. Are you now or have you ever been a member of a reserve unit or the National Guard? ☐ Yes ☐ No
   If yes state the branch of service, name and location of your unit and whether you attend drills, meetings or camps:
   _____
   _____
6. Was any type of disciplinary action taken against you in the military? ☐ Yes ☐ No
   If yes, please provide:
   Date: _____ Place: _____
   Nature of Offense: _____
   Action Taken: _____
7. Have you ever served in the Armed Forces of a foreign country? ☐ Yes ☐ No
   If yes, please specify countries and dates.
   _____
8. **VETERANS' PREFERENCE:** Check the appropriate block if you are claiming veteran's preference.
   Documentation substantiating your claim must be furnished at the time of application.

   1. ☐ A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement or pension under public laws administered by the U.S. Veteran's Administration and the Department of Defense.

   2. ☐ The spouse of a veteran who cannot qualify for employment because of a total and permanent disability or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.

   3. ☐ A veteran of any war who has served on active duty for 181 consecutive days or more or who has served 180 consecutive days or more since January 31, 1995 and who was honorably discharged from the Armed Forces of the United States of America if any part of such active duty was performed during a wartime era, excluding active duty or training.

   4. ☐ The un-remarried widow or widower of a veteran who died of a service-connected disability.

9. Have you claimed and been employed using veteran's preference since October 1, 1987?
   ☐ Yes ☐ No If "yes," please give name of employer: _____

NOTE: Under Florida law, preference in appointment shall be given first to those persons included in #1 and #2 above, and second to those persons included in #3 and #4 above. If an applicant claiming veterans' preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Division of Veterans' Affairs, P.O. Box 1437, St. Petersburg, Florida 33731.

PERSONAL REFERENCES & ACQUAINTANCES

1. **Personal References**: Give three (3) references **(not relatives or present employers)** who are responsible adults of reputable standing in their communities not residing in same home, who have known you well during the past three (3) years. If retired, give former occupation.

Complete Name (Last, First, Middle)		Home Address: _____ City & State: _____ Home Phone: ____( )____ Business Address: _____ City & State: _____ Business Phone: ( )_____
Yrs. Acq.	Occupation	
Complete Name (Last, First, Middle)		Home Address: _____ City & State: _____ Home Phone: ____( )____ Business Address: _____ City & State: _____ Business Phone: ( )_____
Yrs. Acq.	Occupation	
Complete Name (Last, First, Middle)		Home Address: _____ City & State: _____ Home Phone: ____( )____ Business Address: _____ City & State: _____ Business Phone: ( )_____
Yrs. Acq.	Occupation	

2. Do you have close association or affiliation with a known felon? ☐ Yes ☐ No If yes, please explain.

_____

_____

ORGANIZATION MEMBERSHIP

1. List all clubs and organizations which you are or have been a member:

Name	City & State	Former	Present (list position held & describe activity)

2. Are you now or have you ever been a member of or affiliated with any foreign or domestic organization, association, movement, group, gang, or combination of persons which has adopted, or shows a policy of advocating or approving of the commission of acts of force or violence that are criminal in nature or that would deny other persons their rights under the constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means? ❑ Yes ❑ No

3. Have you ever made a financial or other material contribution to any organization of the type described in question #2 above? ❑ Yes ❑ No If yes to question #2 or #3, answer questions #4 and #5 also.

4. At the time of your membership, participation or contribution, did you know of any unlawful aims of the organization? ❑ Yes ❑ No

5. Did you intend to promote any unlawful aims of the organization? ❑ Yes ❑ No
If yes to question #2, #3, #4 or #5, explain including name of organization and location.

_____

_____

BUSINESS INTERESTS & LICENSES

1. Do you or have you ever owned any stock or interest in any firm, partnership or corporation dealing wholly or partly in the sale or distribution of alcoholic beverages? ❑ Yes ❑ No

2. Are you now issued or have you ever been issued a license to engage in a business or profession? ❑ Yes ❑ No

3. Was your license ever cancelled, suspended or revoked? ❑ Yes ❑ No
If yes, to question #1, #2 or #3, please provide details including the type of license or certificate, the agency that issued the license, effective date of license and license number.

_____

_____

_____

CREDIT DATA

1. Are you or your spouse indebted to anyone? ❑ Yes ❑ No
If yes, please list all debts over $500. Be sure to include student loans and charge accounts. Also list any debt where payment is **past due**, regardless of amount.

Creditor	Creditor Address	Total amount owed	Loan or Account Number

2. Have you, your spouse or a company controlled by you filed for bankruptcy? ❑ Yes ❑ No
Declared bankruptcy? ❑ Yes ❑ No Had a legal judgment rendered against you for a debt? ❑ Yes ❑ No
Been subject to a tax lien? ❑ Yes ❑ No. If yes to any of these questions, please provide details.

_____

_____

APPLICANT CERTIFICATION

I understand that my appointment or employment will be contingent upon the results of a complete background investigation. **I am aware that any omission, falsification, misstatement or misrepresentation will be the basis for my disqualification as an applicant or my dismissal from the Trenton Police Department.** I agree to these conditions and certify that all statements made by me on this application are true, correct, and complete to the best of my knowledge. I consent to a polygraph examination which includes questions related to criminal activity, finances, military, driver record, character, employment history, and medical history. I fully understand that if my responses to questions asked during the polygraph indicate that I have not truthfully answered any question on my application, I may be disqualified from employment or appointment.

I understand that this employment application shall become property of the Police Department and that it and the information received in response to the background examination are public records. I also understand that I may be required to furnish the Trenton Police Department with a copy of my Income Tax Return for the year preceding this application and for each year during my employment or appointment.

I further understand and agree that my employment or appointment will be contingent upon the results of a complete drug test and that I may be required to take drug tests during the term of my employment or appointment with the Trenton Police Department. I understand that use of illegal drugs or alcohol is not permitted during work or work time, weather paid or unpaid, in the areas, including vehicles where work is performed by employees or appointees.

I understand that my continued employment or appointment may be contingent upon the results of medical or psychological examinations that I may be required to take during the term of my employment or appointment and the maintenance of personal physical fitness, to the degree necessary to satisfactorily perform the duties of my position or assignment with the Trenton Police Department.

I understand and agree that any employment or appointment offered to me will be contingent upon my acceptance of compensatory time off, instead of cash in payment for overtime hours that I work, to the extent allowed by law. I understand however, that the Chief of Police has the absolute discretion to periodically substitute cash, in whole or part for my accrued compensatory time.

I authorize any of the persons or organizations referenced in this application, personal or otherwise regarding my ability and fitness for employment or appointment with the Trenton Police Department, and I release all such parties from any and all liability for any damage that might result from furnishing such information to the Trenton Police Department.

I agree to conform to the policies and procedures of the Trenton Police Department. I understand an investigation will be conducted on all the information listed on this application.

MUST BE SIGNED AND WITNESSED

_____ _____

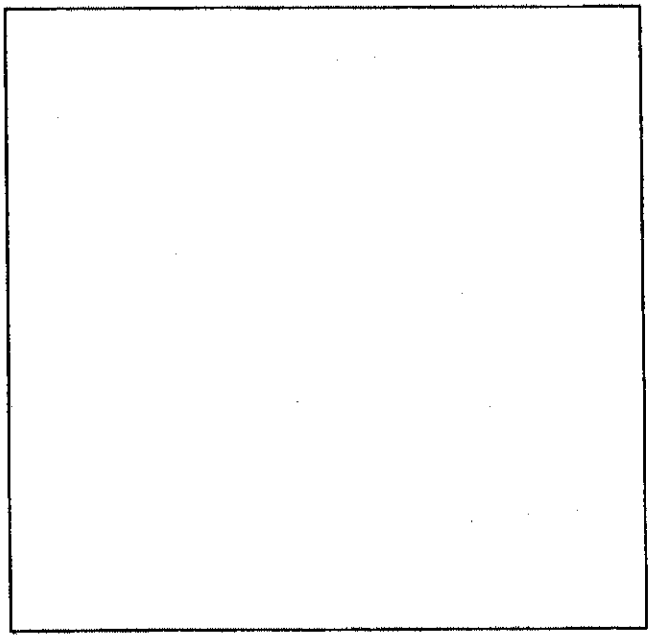
Signature of applicant as usually written Date

Witnessed by:

Signature: _____

Print Name: _____

EMPLOYMENT APPLICATION
PHOTO PAGE



Name (Please print):_____
First MI Last

Date photograph taken:_____

CONFIDENTIAL APPLICANT DATA

The Information Contained Herein Is Confidential Used Solely By Background Investigators And Will Not Be Made Available For Public Inspection

1. Applicant's Current Address:

_____
Address City County State Zip Code

2. Physical description (this information is used to check your criminal history):

_____
Height Weight Hair Color Eye Color Scars

3. Applicant's Social Security Number:_____ - _____ - _____

4. Date of Birth:_____ Place of Birth:_____

5. Spouse's Name and Address (if different):

_____
Name

_____
Address

_____
City County State Zip Code

6. Children's Names and Ages:

Name	Date of Birth	Address (if different than applicant's)

7. Are you now able to participate in defensive tactics, firearms or physical training, operation of a motor vehicle or otherwise perform the duties set forth in the job description or task analysis related to the position for which you applied?
❑ Yes ❑ No

8. Would you require accommodation due to a qualifying disability to participate in the testing required? ❑ Yes ❑ No

9. Do you now or have you **ever illegally** obtained, possessed, supplied or sold any narcotic or controlled substance such as, but not limited to, marijuana, ecstacy, cocaine, LSD, speed, roofies, heroin, steroid or any drug of a similar nature (if applicable)? ❑ Yes ❑ No

If yes, please complete the following chart:

Type Drug	Method How Taken	Circumstances	Number of Times	First Time	Last time
			illegally obtained_____ possessed_____ supplied_____ sold _____	illegally obtained_____ possessed_____ supplied_____ sold _____	illegally obtained_____ possessed_____ supplied_____ sold _____
			illegally obtained_____ possessed_____ supplied_____ sold _____	illegally obtained_____ possessed_____ supplied_____ sold _____	illegally obtained_____ possessed_____ supplied_____ sold _____
			illegally obtained_____ possessed_____ supplied_____ sold _____	illegally obtained_____ possessed_____ supplied_____ sold _____	illegally obtained_____ possessed_____ supplied_____ sold _____
			illegally obtained_____ possessed_____ supplied_____ sold _____	illegally obtained_____ possessed_____ supplied_____ sold _____	illegally obtained_____ possessed_____ supplied_____ sold _____

10. Do you now or have you within the last year, **illegally used or tried** any narcotic or controlled substance, to include but not limited to those mentioned in question 9? If so, provide details, including drug, date and circumstances.

_____

_____

11. Do you now or have you within the last year, abused or illegally obtained, illegally possessed or sold any **prescription** drug? ❑ Yes ❑ No If yes, provide details, including drug, date and circumstances.

_____

_____

12. Please provide name and address of next of kin or other person to be contacted in case of an emergency:

_____
Name

_____
Address City State Zip Code

( ) ( )
Home Phone Business Phone

13. Please provide the name and address of your personal or family physician to be contacted in case of an emergency:

_____
Name

_____
Address City State Zip Code

( )
Business Phone

The following information is solely for the purpose of compliance with federal regulations.

1. Race: _____ White, Non-Hispanic

   _____ Black, Non-Hispanic

   _____ Hispanic

   _____ Asian or Pacific Islander

   _____ American Indian or Alaskan Native

   _____ Other: _____

2. Sex: _____ Male _____ Female

3. Date of Birth: _____ Social Security Number: _____ - _____ - _____
   Month Day Year

4. Place of Birth: _____
   City County State

5. Are you a United States citizen? _____ Yes _____ No

   If naturalized, please provide: _____
   Date Place

6. Marital Status: ❑ Married ❑ Divorced ❑ Separated ❑ Widowed ❑ Single

7. Do you have or have you ever applied for a passport? _____ Yes _____ No

   Passport No: _____

FDLE
Florida Department of Law Enforcement

Authority For Release of Information
(Background Investigation Waiver)

CJSTC 58

To: *Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records*

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

EMPLOYING AGENCY REQUESTING BACKGROUND INFORMATION: _____

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including, but not limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD 214, Report of Separation, to:

_____

_____

Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose, or violated any civil right of the former employee protected under chapter 760.

Pursuant to Section 943.13 (4), (5) and (7) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.

_____ _____
Applicant's Signature Date

_____
Applicant's Address

AFFIDAVIT

STATE OF _____ COUNTY OF _____

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose therefore.

Sworn and subscribed in my presence this _____ day of _____, 20_____. My Commission expires on _____, 20_____.

_____
Notary Public

Personally Known _____ - or - Produced Identification _____

Type of Identification Produced: _____

Attention Applicant

Thank you for your interest in employment with The City of Trenton. Please read the following information before completing your application. Resumes will not be accepted in lieu of a City of Trenton Employment application. You must complete an application form for each position for which you are applying. Photocopied applications with an original signature and recent date will be accepted. Failure to submit a completed signed application may disqualify you from consideration.

Application Process

Once the position closes all applications are reviewed for the minimum qualifications. If your application reflects that you meet the minimum qualifications, it will be referred to the interviewing department. The department selects the most qualified applicants for the interview and schedules the interviews. Only those applicants who are interviewed will be notified of the results of the selection process.

License Requirements

All applicants must submit a copy of your driver's license. The City of Trenton has a Vehicle Use Policy which requires all employees to have their driving record reviewed for violations according to the requirements of the City of Trenton Personnel Policy. If you are applying for a position requiring a specific license or certification, a copy (not the original) of the document must be submitted with the application.

Drug Free Work Place

The City of Trenton is a Drug Free Workplace and has a Drug Testing Policy. All offers of employment are contingent upon the successful completion of a pre-employment drug test.

Veteran's Preference

In accordance with Chapter 295 of the Florida Statutes, the City of Trenton gives preference in employment to veterans and spouses of veterans who meet certain eligibility criteria. Such preference will be granted, provided that you have demonstrated eligibility and have met any other employment criteria required by The City of Trenton. Any applicant claiming veterans' preference for a vacant position, who is not selected, may file a complaint with the Division of Veterans' Affairs: PO Box 31003, St. Petersburg, FL 33732. This complaint must be filed within 21 days notice of the hiring decision.

Proof of Citizenship and Employment Eligibility

The Immigration Reform and Control Act require that all employees submit proof of citizenship and employment eligibility upon hire. If you are chosen for employment with the City of Trenton, you will need to submit the required documentation (i.e. driver's license and social security card) before the first date of employment. No one will be allowed to begin working unless the original documents are submitted to the Personnel Office for verification.

Certification

I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds form termination at a later date. I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff and other authorized employees of Florida state government for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for public employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith.

Signature:_____ Date: _____

VETERAN'S PREFERNCE INFORMATION

Your Name: _____ Position you applying for: _____

Signature: _____

If you are claiming veterans' preference, you must indicate the preference eligibility category that applies to you. Please circle the number that pertains to you and provide the necessary documentation as indicated. All required documentation must he received by the Personnel Office prior to the closing date of the vacant position in order for veterans' preference to be applied.

. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, **or**

. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, **or**

. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, **or**

. The unremarried widow or widower of a veteran who died of a service-connected disability.

A **DD214** or comparable document, which serves as a certificate of release or discharge, must be furnished at the time of application. In addition, applicants claming categories 1,2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Wartime period are defined in F.S. 1.01, Veterans' Preference shall expire after an eligible person has been employed by the state or an agency of a political subdivision of the state. Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3 and 4. Veteran's Preference is only available to Florida residents.

If an applicant claiming Veterans' Preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731-8903. A complaint must be 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filled with the employers if no notice is given.

VETERANS' PREFERENCE CLAIM

IF ELGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING? _____
(Please indicate number from Veterans' Preference information section above.)

HAVE YOU EVER BEEN EMPLOYED BY ANY GOVERNMENTAL ENTITY WITHIN THE STATE OF FLORIDA? YES NO
(Please circle one)

NOTE:
If you are claiming Veterans' Preference you must meet the criteria and substantiate your claim by furnishing a DD214 (Certificate of Release or Discharge from Active Duty) and any other required supporting documentation with your application

EEO SURVEY

Although the following information is not mandatory, it is requested to aid the State of Florida in its commitment to Equal Employment Opportunity and Affirmative Action. Refusal to answer will not result in adverse of any applicant. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Relations, Building F, Suite 240 325 John Knox Road, Tallahassee, Florida 32303.

POSITION TITLE FOR WHICH YOU ARE APPLYING: _____

Sex: (circle one) Male Female Date of Birth: _____

Race (Circle only one): WHITE BLACK (Non-Hispanic) HISPANIC ASIAN or PACIFICA ISLANDER NATIVE AMERICAN

OTHER (Specify) _____

NOTICE TO APPLICANTS

GENERAL INFORMATION

We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, age, disability, handicap, marital status or any other basis protected by law. The opportunity for employment will be based solely upon your qualifications and ability to perform the job for which you are being considered. We also reasonably accommodate individuals with disabilities, handicaps, and bona fide religious beliefs.

We comply with the Americans With Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. You may also be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. Upon request, all entering employees in the same job category will be required to complete the same medical questionnaire and/or examination. All medical information will be kept in confidential files.

We also maintain a Drug-Free Workplace in accordance with all applicable State and Federal regulations, copies of which, together with the employer's Drug-Free Workplace Policy are available for inspection at all reasonable times by applicants or employees upon request.

PLEASE READ AND SIGN STATEMENTS BELOW

I understand that, if hired, I will be placed in a probationary status. I further understand that if I am terminated for unsatisfactory work performance within this probationary period, the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination. _____(Initial)

I understand that as a condition of my employment, I must take and pass a pre-employment urine and/or blood test at authorized threshold levels for any or all of the drugs or alcohol listed by the employer's Drug-Free Workplace Policy, copies of which have been provided to me and a copy, executed by me, returned to the employer. _____(Initial)

I further understand, subject to confidentiality constraints and rights of appeal granted by State and Federal law, if the results of my pre-employment drug and/or alcohol tests are POSITIVE (indicating substance abuse) and are received by the employer prior to or within the probationary employment period, notwithstanding any other disciplinary provisions contained in the employer's Drug-Free Workplace Policy statement, I will be terminated for cause and the employer may seek to deny any unemployment benefits I might attempt to obtain. _____(Initial)

I understand and agree that all policies, procedures, whether written, published or orally communicated by the employer may be modified, amended, or deleted by the employer with or without notice to me of such change(s); that the employer's policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and if hired, my employment may be terminated at my option or at the option of my employer with or without prior notice to either party. I also agree there are no other written or oral arrangements, agreements, or understandings regarding the terms of my employment and that any amendments or exceptions to this statement must be in writing and signed by a person(s) duly authorized by the employer. _____(Initial)

I certify that all information given to the employer by me in the form of an employment application, resume, or related papers, or answers given by me during oral interviews, are true and correct. I understand the employer may conduct a thorough investigation of my past work and personal history. I authorize the giving and receiving of any such information requested by the employer in the course of such investigation and hereby release from liability all persons who provide such information to the employer. I understand that falsification or any derogatory information discovered as a result of investigation may subject me to immediate dismissal for cause and the employer may seek to deny unemployment benefits as a result of my termination. _____(Initial)

Applicant Printed Name	Date	Applicant Signature
Witness Printed Name	Date	Witness Signature