

State any additional information you feel may be helpful to us in considering your application.
Summarize special job-related skills and qualifications acquired from employment or other experience.
List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

PAST EMPLOYMENT, starting with your present or most recent job. You must include ALL previous places of employment:

Employer:	Work Performed:
Address:	
City, State, Zip:	
Telephone:	
Dates Employed: From _____ To _____	Hourly Rate/Salary: Starting _____ Final _____
Job Title:	Supervisor:
CDL Required? Yes _____ No _____	
May We Contact: Yes _____ or No _____	Reason for Leaving:

Employer:	Work Performed:
Address:	
City, State, Zip:	
Telephone:	
Dates Employed: From _____ To _____	Hourly Rate/Salary: Starting _____ Final _____
Job Title:	Supervisor:
CDL Required? Yes _____ No _____	
May We Contact: Yes _____ or No _____	Reason for Leaving:

The City of Troy is an equal opportunity employer. We do not discriminate on the basis of race, religion, creed, gender, national origin, age, disability, marital or veteran status or any other legally protected status.

Employer:		Work Performed:
Address:		
City, State, Zip:		
Telephone:		
Dates Employed: From _____ To _____		Hourly Rate/Salary: Starting _____ Final _____
Job Title:	Supervisor:	CDL Required? Yes _____ No _____
May We Contact: Yes ___ or No ___		Reason for Leaving:

Employer:		Work Performed:
Address:		
City, State, Zip:		
Telephone:		
Dates Employed: From _____ To _____		Hourly Rate/Salary: Starting _____ Final _____
Job Title:	Supervisor:	CDL Required? Yes _____ No _____
May We Contact: Yes ___ or No ___		Reason for Leaving:

If you need additional space, please continue on a separate sheet of paper.

MILITARY SERVICE RECORD, IF ANY:

Branch	Dates	Type of Discharge

FELONY CONVICTIONS, IF ANY (Convictions will not necessarily disqualify an applicant from employment):

Date	Charge	Where

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PERSONAL REFERENCES, OTHER THAN RELATIVES:

Name	Address	Phone

IN CASE OF EMERGENCY, NOTIFY (closest relative):

Name	Address	Phone

Note to Applicant: Do not answer this question unless you have been informed about the requirements of the job for which you are applying: Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? (A review of the activities involved in such a job or occupation has been given.) Yes _____ or No _____

APPLICANT'S ACKNOWLEDGMENT: All applicants will be required to complete Drug and Alcohol Testing prior to consideration for employment.

I certify that answers given in this application are true and complete to the best of my knowledge.

I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all the rules and regulations of the employer.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, an employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

Signature _____ Date _____

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Interviewed by _____
 Approved by _____ Disapproved by _____
 Date Hired _____ Position _____ Pay Rate _____

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CERTIFICATE OF APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION
(WAIVER OF RIGHTS TO HAVE POLICE RECORDS CHECKED)
(WAIVER OF RIGHTS FOR ALL MEDICAL & PSYCHOLOGICAL EXAMINATION RESULTS)

I, (print full name) _____ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omission of material facts will cause forfeiture on my part to all rights to employment by the City of Troy.

I hereby authorize all law enforcement agencies, the Veteran's Administration, any United States agencies, including military, all federal, state, or local government agencies, state and federal tax bureaus, credit bureaus, schools and universities, to furnish the holder of this release with any and all available information regarding me in order to determine my suitability for employment.

I authorize the holder of this release to make inquiries of my present and past employers, and co-workers regarding my character, integrity, reputation, and efficiency.

I authorize the release of any and all information regarding my employment, credit or any other information, whether personal or otherwise, that may or may not be on their records, and release said company or person from all liability from any damage whatsoever that may ensue from furnishing such information to the holder of this release. Any part of the undersigned application for employment may be released to any local state or federal law enforcement agency.

I also authorize the Human Resources Department of the City of Troy to have the Troy Police Department make a search to see whether or not I have any record of arrest and/or convictions anywhere in the United States, and that information can be given to the Director of Human Resources, as well as the Mayor of the City of Troy to become a part of my application for employment.

I also authorize and agree to take any medical examination, psychological examination or test to determine the presence of drugs or narcotics which the City of Troy may require to determine my qualifications for employment. I do further authorize that the results of said tests be furnished to the City of Troy and the same shall become a part of my application for employment. Positive testing for the presence of any narcotic substance will result in my disqualification from further consideration for employment.

A photocopy of this Authorization shall be considered as effective as the original.

THIS AUTHORIZATION, YOUR APPLICATION, AND ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE HUMAN RESOURCES DEPARTMENT OF THE CITY OF TROY AND WILL NOT BE RETURNED.

Signature _____ Date _____

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