



CITY OF BUCHANAN
APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

Name _____
Last First Middle

Current Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Phone Number(s) _____ Email Address _____

Are you 18 years or older? ___ Yes ___ No Can you provide proof of a valid driver's license? ___ Yes ___ No

Are you legally eligible to work in the U.S.? ___ Yes ___ No Will you now, or in the future, require VISA sponsorship for employment with the City of Buchanan? ___ Yes ___ No

Have you ever been convicted of a crime or are you presently charged with a felony? ___ No ___ Yes If so, where and when, and provide an explanation of the circumstances _____

EMPLOYMENT DESIRED: _____

Positions for which you are applying _____

Date you can start with the City of Buchanan _____

Are you currently employed? Yes _____ No _____

If you are currently employed, may we inquire of your present employer? No ___ Yes ___
If yes, please provide contact information below.

Name _____ Phone _____ Email _____

Position _____ Company/Organization _____

Is person above your direct supervisor? Yes ___ No ___ If not, please indicate their relationship to you in regards to your employment _____

Have you ever applied for employment with the City before? No ___ Yes ___ Please indicated when and for what position...
When _____ Position _____

Do you have any activities, commitments or responsibilities (for example, school, other employment, etc.) that might interfere with your ability to work full time, including overtime, in the position for which you are applying? If so, please explain:

FORMER EMPLOYMENT – List below your last four employers, starting with the most recent.

Name of Company/Business	Address	Phone
Email	Job Title	May we Contact this employer? Yes ___ No ___
Job Description, including your responsibilities:	Start Date (Month, Day, Year) _____ End Date (Month, Day, Year) _____	
Reason for Leaving:	Starting Salary/Hourly Wage _____ Present Salary/Hourly Wage _____	

Name of Company/Business	Address	Phone
Email	Job Title	May we Contact this employer? Yes ___ No ___
Job Description, including your responsibilities:	Start Date (Month, Day, Year) _____ End Date (Month, Day, Year) _____	
Reason for Leaving:	Starting Salary/Hourly Wage _____ Present Salary/Hourly Wage _____	

Name of Company/Business	Address	Phone
Email	Job Title	May we Contact this employer? Yes ___ No ___
Job Description, including your responsibilities:	Start Date (Month, Day, Year) _____ End Date (Month, Day, Year) _____	
Reason for Leaving:	Starting Salary/Hourly Wage _____ Present Salary/Hourly Wage _____	

Name of Company/Business	Address	Phone
Email	Job Title	May we Contact this employer? Yes ___ No ___
Job Description, including your responsibilities:	Start Date (Month, Day, Year) _____ End Date (Month, Day, Year) _____	
Reason for Leaving:	Starting Salary/Hourly Wage _____ Present Salary/Hourly Wage _____	

Which of the above jobs did you enjoy most and why? _____

What special skills or knowledge do you have that will aid in your qualifying for employment? _____

Is there anything else you would like us to know about your previous employment? ___ No ___ Yes Please provide details

EDUCATION

	Name and Location of School	Number of Years Attended	Did you graduate?	Subjects/Areas Studied
High School				
Trade School				
Other Training or Education				

Do you have a high school diploma? Yes No Do you have a college degree? No Yes Major? _____

Do you have any special licenses and/or qualifications for the position you are seeking? No Yes Please describe _____

REFERENCES – Give the names of three people, not related to you, whom you have known at least one year.

Name	Address	Phone	Email	Relationship	Years Acquainted
1.					
2.					
3.					

By signing this application, I am indicating that the information contained is true and accurate.

Signature _____ Date _____

PLEASE DO NOT WRITE BELOW THIS LINE

Application Received by _____ Date _____

Interviewed by _____ Date _____

Notes/Comments:

Hired Yes No Position _____ Dept _____

Starting Salary/Wage _____ Start Date _____ Supervisor _____

Approved 1. _____ 2. _____ *Revised 4/8/20*

READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO
THESE TERMS OF EMPLOYMENT

I agree that my employment with the CITY OF BUCHANAN will be at will and may be terminated by me or the City at any time, with or without cause, unless I am covered by a collective bargaining agreement subject to any probationary period. I agree that no one other than the City Manager of the City in a written contract has any authority to limit the City's right to terminate employment at will, or to offer employment other than on an at-will basis.

To the extent permitted by law, I agree that the contents of any office, locker or desk, or equipment or other City property I may use, and any of my own property I bring onto the City's premises (including, without limitation, cars, packages, and purses), may be inspected by the City at any time, and I waive any claims against the City or its agents relating to such inspections.

I agree that I will not disclose to anyone or use for my own purposes any of the City's confidential or proprietary information, either during or after my employment, except at the request and for the benefit of the City. I agree that information about the City's customers, vendors, sources of supply, pricing, costs, and other financial information, products, services, methods of operation, marketing, engineering methods, production, and the like is confidential and proprietary information that belongs to the City. If my employment with the City ends, I will not retain any copies or summaries of any such information but will promptly return all such information to the City. I also agree that I will disclose and assign to the City any invention, design or process that I conceive or develop while employed by the City relating to the City's business or to any product or service offered or being developed by the City, and that all such inventions, designs or processes belong to the City.

I agree to submit to physical examinations permitted by law before and during my employment, at the request and expense of the City, and I agree to disclose all information lawfully requested at such examinations about my physical and mental condition and medical history. I also agree that before and during my employment, at the request and expense of the City, I will cooperate in such lawful medical tests (including blood, urine or other testing) as the City requests to check for drugs or alcohol in my system. I waive any claims against the City or its agents or any testing agency retained by the City or its agents relating to any such testing, or from lawful decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

I agree that except as prohibited by statute the City may, during or after my employment, disclose or discuss any information or opinions relating to me or my employment to employees of the City or third parties. I waive written or other notice of any such disclosure, including disclosure of disciplinary matters, and I waive any claims against the City or its agents relating to any such disclosure or discussion.

I agree that I will not commence any action or lawsuit relating to my employment with the City, or the termination of my employment, more than 12 months after the termination of my employment, and I agree to waive any statute of limitations to the contrary. I understand that this means that even if the law would give me the right to wait a longer time to make a claim, I am freely and knowingly waiving that right, and that any claims not brought within 12 months after my employment will be barred. I waive any right to a jury trial if I ever sue the City relating to my employment with the City. I understand this means that even if the law would give me the right to have a jury decide my claims, I am freely and knowingly waiving that right and agree to have my claims heard and decide by a judge instead.

I agree to the above terms of employment. I agree that if any of the above terms is ever found to be legally unenforceable as written, such invalidity will not affect the validity of the rest of this agreement, and such term shall be limited to allow its enforcement as far as legally possible. I agree that no one other than the City Manager of the City, by a written directive, has any authority to modify the above terms of employment, or to make any exceptions to them, or to offer employment on any other terms.

I agree that I will be bound by and will adhere to any other rules and policies issued by the City, including all rules and policies contained in the City's employee handbook.

Applicant Signature _____ Date _____



AUTHORIZATION AND WAIVER

I authorize and request my former employers, references, educational institutions, and any credit agencies or reporting services that have information regarding me, to give the City of Buchanan any information and opinions about me in their possession and which may be lawfully disclosed. I hereby waive written notice of such release of information and opinions, and release such former employees, references, educational institutions, and credit agencies or reporting services from any liability or claim relating to such release of information and opinion. I also authorize and request federal, state and local government agencies to release to the City of Buchanan any information requested concerning criminal convictions on my record. A photocopy of this signed authorization and waiver will validate as an original.

Applicant Signature: _____

Applicant Full Name Printed: _____

Date of Birth: _____

Social Security Number: _____

Location of birth (State): _____

Date of Signature: _____