

Employment Application

City of Livingston is an equal opportunity employer. All candidates for employment are reviewed without regard to race, religion, color, age, sex, national origin, citizenship, marital status, veteran status, disability, or any other classification protected by law. Consistent with the provisions of the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Personal Information			
Name (First, MI, Last)		Date	
Address Apt. #			
City			
Cell Phone Work Phone	E	-mail	
General Information:			
Have you been convicted of any felonies other than minor tra- record or a conviction will not automatically bar employment, your fitness to perform in the position for which you are apply If yes, explain	but will be conside ving.) \square NO \square YE	ered only as it reasonably r S	elates to
Education & Training			
Enter last grade completed - High School Co	ollege AA/AS	Masters Doc	torate
Name & Address of School	Major Course Studied	Graduated or Degree (Y or N)	Average Grade
Last High School Attended/Address:	N/A		
College or University/Address			
College or University/Address Other School (Technical, Vocational, Graduate, etc.) /Address			
Other Education, Certifications, Licenses etc.	1		1



Skills		
Please list any skills you have that are appropriate for the position	n you are applying for:	
If required, will you work? Rotating shifts \Box YES \Box NO Satur Overtime \Box YES \Box NO	days □ YES □ NO	Sundays \square YES \square NO
Position applying for, be specific:		
Date you can start//		
State fully why you believe you are qualified for this position:		
Employment History		
Starting with your PRESENT or MOST RECENT EMPLO three employers in consecutive order.	/ER, list all employme	nt for at least the past
If currently employed, may we contact yo	ur employer? YES	
Full Name Of Company		Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone		
Street Address City State Zip	Reason for Leavin	g:
Name & Title of Supervisor	_	
Title of your Position		
List jobs held, duties performed, skills used and promotion	s while employed at t	his company:



Full Name Of Company					Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone					,
Street Address	City	State	Zip	Reason for Leavir	ng:
Name & Title of Superviso	r			_	
Title of your Position					
List jobs held, duties perfo	rmed, skills	used and pro	omotions	s while employed at t	his company:
Full Name Of Company					Employment From/To
					(Mo/Yr to Mo/Yr)
(Area Code) Telephone					
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Street Address	City	State	Zip	Reason for Leavir	ıg:
Name & Title of Superviso	r				
Title of your Position					
List jobs held, duties perfo	rmed, skills	used and pro	omotions	s while employed at t	his company:
Other Employment Releva	nt to Positio	n Applying E	or:		
Other Employment Releva	ini io Positio	п Арріуіпу г	OI.		
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Business References Name Title Company Address City State Zip Relationship Phone Title Name Company Address City State Zip Relationship Phone Name Title Address Company City Zip State Relationship Phone



Applicant Affidavit

- 1. I certify that all statements given by me on this application, on my resume or other supplementary material are true and correct without omission. I understand that falsification or omission of any information required by this form is sufficient grounds for immediate disqualification of candidacy or termination of my employment by City of Livingston. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
- 2. I understand that should employment be extended to me, I may be subject to the satisfactory results of any job related pre-employment examination required by the City of Livingston and my signature indicates my consent to such testing.
- 3. I acknowledge that I have been advised that I may be required to submit to a drug screen test as a requirement of the company's pre-employment background check program or part of the company's drug testing program. I further understand that the Drug and Alcohol Abuse policy prohibits the presence of illicit substances in the systems of its employees while on the job. A confirmed positive test is a violation of this policy.

Additionally, a refusal to test, failure to submit adequate urine for test, or adulterated sample, constitutes a positive test.

I further understand that this analysis will be conducted by a certified laboratory with all data to be held in confidence except as otherwise necessary to carry out the terms and objectives of this policy.

I understand that it is my responsibility prior to the drug testing to inform the laboratory and/or City of Livingston of any medication, prescribed or non-prescribed, that I may be taking and/or have taken within the last 60 days prior to the testing.

I consent to the release of the results of any drug test to authorized representatives of City of Livingston for appropriate review. I release City of Livingston, or any testing agency retained by it, its affiliates, Officers, employees and any person affiliated with the testing from any claims, losses, damages or other liabilities due to any acts, omissions or negligence arising from or related to such testing.

I acknowledge that the Drug and Alcohol Policy of City of Livingston is to have a drug free environment. I consent freely and voluntarily to a drug test under the circumstances described above along with all the terms and conditions of the Drug and Alcohol Policy. I also understand that although I may not agree with the Drug and Alcohol Policy of City of Livingston, failure to acknowledge the policy with my signature below may prohibit my employment with City of Livingston. A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS.

I certify	/ that I	have read	l, fully	/ understand	d and	l accer	ot all	terms o	f t	he a	bove	sta	tement	ts.
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