



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 _____ State _____ Zip _____

Cell Phone _____ Work Phone _____ E-mail _____

General Information:

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) NO YES

If yes, explain _____

Education & Training

Enter last grade completed - High School _____

College: Bachelor's _____ Masters _____ Doctorate _____

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.			



Skills

Please list any skills you have that are appropriate for the position you are applying for:

If required, will you work? Rotating shifts YES NO Saturdays YES NO Sundays YES NO
 Overtime YES 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 EMPLOYER, list all employment for at least the past **three** employers in consecutive order.

If currently employed, may we contact your employer? YES NO

Full Name Of Company		Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone		
Street Address City State Zip	Reason for Leaving:	
Name & Title of Supervisor		
Title of your Position		
List jobs held, duties performed, skills used and promotions while employed at this company:		



Full Name Of Company		Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone		
Street Address City State Zip	Reason for Leaving:	
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Title of your Position		
List jobs held, duties performed, skills used and promotions while employed at this company:		

Full Name Of Company		Employment From/To (Mo/Yr to Mo/Yr)
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Street Address City State Zip	Reason for Leaving:	
Name & Title of Supervisor		
Title of your Position		
List jobs held, duties performed, skills used and promotions while employed at this company:		

Other Employment Relevant to Position Applying For:



Business References

Name	Title
Company	Address
City	State Zip
Relationship	Phone

Name	Title
Company	Address
City	State Zip
Relationship	Phone

Name	Title
Company	Address
City	State Zip
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, fully understand and accept all terms of the above statements.

Date

City of Livingston
Release and Authorization to Conduct Background Investigation

As a part of my application for employment with City of Livingston; hereinafter referred to as the Company; which also includes contract for services, and if hired, my ongoing employment with the Company:

I authorize the Company and its legal agent, SafeTrac Solutions, Inc to conduct a background investigation on me. This investigation may include but is not limited to driver license records (MVR's), criminal history records, worker's compensation history records, past employment safety performance & drug/alcohol history and credit history records.

I certify that I have been advised of my rights under the Fair Credit Reporting Act (FCRA), the Federal Motor Carrier Safety Regulations (FMCSR) and the Driver Privacy Protection Act (DPPA) and understand that this background investigation will be conducted in accordance with these Acts.

I further certify, if I am a Commercial Motor Vehicle Driver (hold a CDL), that I have been advised of my rights under the Federal Motor Carrier Safety Regulations, 49CFR §§390, 391 which allow for my rebuttal to adverse information received from past employers regarding previous safe commercial driving experience and/or drug and alcohol testing history.

I further give my consent for unlimited, limited queries of the FMCSA Drug and Alcohol Clearinghouse. This clearinghouse maintains records of commercial drivers who have tested positive on DOT drug or alcohol tests or have engaged in other prohibited conduct. Refusal to consent to these queries will prohibit a driver from performing safety sensitive functions (including driving).

I understand that all information gathered in this background investigation will be held in the strictest confidence and will not be divulged, shared, resold or in any other manner released to any party other than the Company and its agent SafeTrac Solutions, Inc, unless required to do so by laws or regulations of proper jurisdiction.

I understand that the results of this background investigation could affect my being hired by the Company.

I understand that the Company and SafeTrac Solutions, Inc are conducting the investigation for legitimate business purposes only, and information will be used in a manner consistent with the Company's compliance of 49 CFR §§382, 390, 391 and for the legitimate security needs of the Company. I understand that this authorization and release will be kept on file and will remain as ongoing release and authorization during my employment with the Company, if I am hired, unless and until I revoke it in writing to the Company and SafeTrac Solutions, Inc.

I fully release the Company, SafeTrac Solutions, Inc, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity or other source providing information to the Company and/or SafeTrac Solutions, Inc from any and all claims and damages arising out of or relating to any investigation of my background for employment purposes.

Washington State license holders must complete a Washington State Release Form, in addition to this release.

By signing below, I certify that I have read and fully understand this release and authorization, that prior to signing it I was given an opportunity to ask questions and to have those questions answered to my satisfaction and that I have executed this release and authorization voluntarily. I further certify that the information I have provided is true and correct.

Print Name: _____ Date of Birth: ____/____/____

Social Security Number: ____-____-____ Drivers License Number: _____

State of Issue: _____ Commercial Driver License:es Yes or No

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant/Employee Signature: _____ **Date:** ____/____/____