

THIS APPLICATION FOR EMPLOYMENT WILL NOT BE CONSIDERED UNLESS FULL COMPLETED

*CITY OF MUNCIE, INDIANA
Equal Opportunity Employer*

Last Name First Name Middle Name Social Security No.

Street Address City State Zip Code Phone No. (Incl. Area Code)

STATEMENT & AUTHORITY TO RELEASE INFORMATION

(PLEASE READ THIS STATEMENT CAREFULLY BEFORE YOU COMPLETE THIS APPLICATION)

I understand that if I am employed, any misrepresentation or omission of any facts on this application is sufficient cause for dismissal. My continued employment will depend upon the successful performance of work assigned to me and upon the continued successful performance and the further need of my continued employment by the City. The City, in considering my application for employment, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations and law enforcement agencies to supply any information concerning my background. Provide state law permits, I further agree to submit to alcohol and/or drug screening tests, if requested of me at any time prior to or during my employment.

Have you ever been employed by the City of Muncie? () Yes () No

If yes, note previous hire date and location (address)	Terminated Date	Why did you leave?
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Position/general work area for which you are applying	Rate of Pay Expected	Date you can start work
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Apart from religious observance, are you available to work at least 40 hours each workweek? () Yes () No

If no, what hours can you work? Monday _____ Tuesday _____
Wednesday _____ Thursday _____
Friday _____ Saturday _____
Sunday _____

Will you work overtime if asked? () Yes () No

List relatives employed by the City of Muncie and where they work.

Give employment as completely as possible, starting with your present or last employer. For any unemployed or self-employed period, show dates and location (insert additional sheet if necessary). If you have never been employed, list references in place of "Company Name," and give their addresses and phone numbers.

Company Name Address & Phone No.	Month/Year	Rate of Pay	Title of Job Held; Name of Supervisor	Reason for Leaving
	From:	Starting:		
	To:	Final:		
	From:	Starting:		
	To:	Final:		
	From:	Starting:		
	To:	Final:		
	From:	Starting:		
	To:	Final:		

If currently employed, may we contact your employer for a reference at this time? () Yes () No

Are you legally eligible for employment within the United States? () Yes () No

Are you 18 years of age or older? () Yes () No

(If under 18, applicant will be required to submit a birth certificate or a work certificate as required by the state or federal laws.)

Name and location of schools attended.	Did you graduate? If yes, what year?	Describe any background experience, military service, education or training which you consider applicable to the position for which you are applying for.
High School:		
College:		
Other (name or Type):		

Summarize special skills, technical training and licenses acquired from employment or other experience:

Give the names and addresses of three (3) people (no relatives) you have worked with and to whom we may refer for a reference if necessary.

Name: Occupation:	Phone Number (Area Code):	Address: City, State, Zip:
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Do you smoke? Yes No

Are you willing to submit to a physical examination if required? Yes No

Name and Address of personal physician:

Have you ever been convicted of a crime in the past ten (10) years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? Yes No

If yes, please explain: _____

DRUG CONTROL POLICY

POLICY OVERVIEW

The City of Muncie has a vital interest in maintaining safe, healthful and efficient working conditions for its employees. An employee under the influence of a drug or alcohol on the job may pose serious safety and health risks, not only to the user but to all those who work with or otherwise come into contact with the user. The possession, use or sale of an illegal drug or alcohol on the job or City premises may also pose unacceptable risk for safe, healthful and efficient operations.

The City of Muncie recognizes that its own health (and future are dependent upon the health of its employees. Accordingly, it is the right, obligation and intend of the City to maintain a safe, healthful and efficient working environment for all of its employees and to protect City property, equipment and operations.

Our stance against alcohol and drug use in the workplace is not a "moral" issue; rather, it is an issue that affects our health, our safety, and our pocketbooks. Studies show that drug and alcohol use in the workplace may be the single greatest factor responsible for industrial accidents and injuries, declining productivity, employee theft, and low employee morale.

With these basic objectives in mind, the City has established the following policy with regard to the use, possession, sale, or distribution of alcohol or drugs,

POLICY STATEMENT

PRE-EMPLOYMENT SCREENING

The City of Muncie will maintaining pre-employment screening practices designed to prevent hiring individuals who use illegal drugs* or individuals whose use of legal drugs indicates a potential for impaired or unsafe job performance.

* "Illegal Drugs" means: any drug -

- a.) which is not legally obtainable; or
- b.) which is legally obtainable but has not been legally obtained.

The term includes prescription drugs not being used for prescribed purposes. It also includes marijuana.

** "Legal Drugs" includes prescribed drugs and over-the-counter drugs which have been legally obtained and are being used for the purpose for which they were prescribed or manufactured, and in such doses as prescribed and/or suggested by the manufacturer.

DRUG TESTING POLICY AND PROCEDURE STATEMENT FOR APPLICANTS

POLICY

In the interest of safety, the protection of our employees, our equipment, and the general public, the City of Muncie will require, as one of the steps in the hiring process, that all otherwise qualified applicants for employment with the City consent and submit to testing for illegal or incapacitating drug use.

PROCEDURE

- All otherwise qualified applicants for employment will be tested for drug use prior to hiring by the City of Muncie. This screening must be done within 48 hours of the time you are instructed to submit a specimen. Such testing will include the analysis of urine, or any other medically accepted testing procedure.
- This application will also serve as your consent form and must be signed prior to the time of any such drug testing, authorizing the City of Muncie to conduct such testing and to rely upon the results, along with other pre-employment tools, in extending or denying employment.
- Refusal to consent to and participate in such drug testing will automatically disqualify the applicant from further hiring consideration.
- Unless required by law, the City of Muncie will not disclose individual drug testing results to anyone other than the applicant without a written release from the applicant requesting disclosure to certain designated parties.

Applicant's Consent Form

I understand that the City of Muncie requires drug testing as a part of its selection and hiring process. I also understand that such drug testing will consist of the taking on urine, or any other medically recognized test designed to detect traceable amounts of drugs in the body. I further understand that if such testing indicates the presence of drugs in my body in any detectable amount, I will be disqualified from further hiring consideration. I hereby give my consent to the City of Muncie to administer any or all of the above drug testing procedures to me, and to use the results thereof in further determining my employability with the city. I understand that this is not a contract for employment and that, even if employed, I will remain terminable-at-will and free to resign at any time I wish.

I certify that the information contained in this application is correct to the best of my knowledge, and understand that falsification or omissions in this application in any detail is grounds for disqualification from further consideration or for dismissal from employment at the time the City discovers the omission or falsification. I agree to conform to the rules and regulations of the City, and understand that if hired I will be a "**terminable-at-will**" employee, and that my employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either the City or myself. I further understand that no personnel recruiter or interviewer or other representative of the City other than the Mayor of the City of Muncie has any authority to enter into any agreement for employment for any specified period of time.

I understand that this application is good only for six (6) months from today's date. If I still desire a position with the City after this application expires, it will be my duty to fill out a new application and file it with the City. Otherwise, the City will not consider me for employment after this application expires. Provided state law permits, I further agree to submit to alcohol and/or drug screening tests, if requested of me at any time prior to or during my employment.

Date of Application

Signature as shown on Social Security Card

AFFIRMATION ACTION SURVEY

This data is for periodic government reporting and will be kept in an Affirmative Action file separate from the Application for Employment. Solely to help us comply with government record keeping and other local requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

Government agencies require periodic reports on the sex, ethnicity, handicapped, and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check One: Male Female

Check (ONLY ONE) of the following: White Black Hispanic
 American Indian/Alaskan Native
 Asian/Pacific Islander

Check if any of the following are applicable:

Veteran Vietnam Era Veteran
 Disabled Veteran Handicapped Individual

Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative Walk-in
Choose (ONLY ONE) Employment Agency Other _____

Date: _____ Signature: _____