**CITY OF CRANE**

**EMPLOYMENT APPLICATION DATE \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_**

**(PRINT CLEARLY. COMPLETE ALL ITEMS USING A BALL POINT PEN.)**

**1. GENERAL INFORMATION**

**Legal Name**

Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI:\_\_\_\_\_\_

Mailing Address

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt./Suite No: \_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Applying For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Pay: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you at least 16 years of age? \_\_\_\_\_Yes \_\_\_\_\_ No If No, what is your age? \_\_\_\_\_\_

After an offer of employment, can you submit verification of your legal right to work in the United States? \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No

Have you ever been convicted of a felony? \_\_\_\_\_\_\_Yes\_\_\_\_\_\_\_No (A felony conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date available for work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. EDUCATION/TRAINING**

Circle highest level of school completed High School College Graduate

 9 10 11 12 13 14 15 16 17 18

Name of school last attended: \_\_\_\_\_\_\_\_\_\_\_\_\_City/State:\_\_\_Graduated:\_\_\_YES \_\_\_\_NO

Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Major:\_\_\_\_\_\_\_\_\_\_\_\_Minor:\_\_\_\_\_\_\_\_\_\_\_

Are you a veteran of the U.S. Military? \_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No

EQUAL OPPORTUNITY EMPLOYER

**EQUAL OPPORTUNITY EMPLOYER**

The City of Crane is an equal opportunity employer committed to recruiting, hiring, training and promoting all persons without regard to race, color, gender, religion, national origin, age (40 or over), disability or history of disability (except where physical or mental abilities are a bona fide occupational qualification) or other classifications protected by law.

**3. EMPLOYMENT HISTORY** (List your most recent employer first).

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: From\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate: Start $\_\_\_\_\_\_\_\_\_\_ Final $\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact employer? \_\_\_Yes\_\_\_No Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: From\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate: Start $\_\_\_\_\_\_\_\_\_\_ Final $\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact employer? \_\_\_Yes\_\_\_No Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: From\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate: Start $\_\_\_\_\_\_\_\_\_\_ Final $\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact employer? \_\_\_Yes\_\_\_No Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: From\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate: Start $\_\_\_\_\_\_\_\_\_\_ Final$\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact employer?\_\_\_Yes\_\_\_\_\_\_ Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: From\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate: Start $\_\_\_\_\_\_\_\_\_\_ Final $\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact employer? \_\_\_Yes\_\_\_No Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: From\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate: Start $\_\_\_\_\_\_\_\_\_\_ Final $\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we contact employer? \_\_\_Yes\_\_\_No Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. ADDITIONAL INFORMATION**

Have you ever been employed by the City of Crane? \_\_\_\_\_Yes\_\_\_\_No If Yes, When (Mo.&Yr.)\_\_\_\_\_\_\_\_

 Position:\_\_\_\_\_\_\_\_\_\_\_\_\_Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name you used at the time, if different: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any relatives currently employed by City of Crane: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain any gaps in employment of 6 months or more: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any work experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Provide any other work skills, experience or information that you believe would assist us in considering you for employment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Attach additional information if necessary.

**5. AVAILABILITY**

Are you available for \_\_\_\_\_Full-Time\_\_\_\_\_Part-Time\_\_\_\_\_\_\_Temporary

Do you have a valid Drivers License (if a drivers license is required for performance of the

job?) \_\_\_Yes\_\_\_\_No

If yes, what state? \_\_\_\_\_\_\_\_\_\_What Class? \_\_\_\_\_\_\_\_\_\_

Have you received any moving violations in the last 24 months? \_\_\_\_Yes\_\_\_\_No

If yes, what kind of violation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. PERSONAL REFERENCE (Exclude relatives or former supervisors)**

 **NAME OCCUPATION PHONE NUMBER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**7. EMPLOYMENT APPLICATION CERTIFICATION AND AT-WILL AGREEMENT**

I certify that the information contained in this application is correct and complete to the best of my knowledge. I understand that falsification of this information or material omission is grounds for termination of my employment with the City of Crane at any time. I understand and agree to the following:

1. My prior employers, education institutions and other references listed on this application are authorized to give the City of Crane any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing information to City of Crane.

2. I must produce applicable documents showing that I am a United States citizen or alien lawfully authorized to work in the United States, to meet the Immigration reform Control Act of 1986 requirements.

3. I understand that any offer of employment with the City of Crane will be contingent upon my successful completion of any pre-employment physical examination that the City of Crane may require. I also understand and agree that I may be required to undergo and successfully pass a screening for alcohol and/or drugs during the hiring process and if employed, as required by the City of Crane.

4. As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background.

5. If I fail to comply with any of the requirements set forth above, an offer of employment may be rescinded or my employment may be terminated.

6. In consideration of my employment, I agree to conform to the City of Crane policies, rules and regulations.

7. In further consideration of my employment, I understand and agree that my employment is at-will and therefore, my employment and compensation can be terminated by me or the City of Crane, with or without cause, and with or without notice, at any time. I further understand and agree that although other terms and conditions of my employment may change, this at-will employment relationship will remain in effect throughout my employment with the City of Crane unless it is modified by a specific, written employment contract that is executed by the City of Crane and me. This at-will employment status may not be modified by any oral or implied agreement. I understand that these statements about the at-will nature of my employment constitute the complete understanding between the City of Crane and me regarding this subject.

8. I understand that this application is good only for six (6) months from today’s date. If I still desire a position with the company after this application expires, it will be my responsibility to fill out a new application and file it with the City of Crane. Otherwise, the City of Crane will not consider me for employment after this application expires.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

**VOLUNTARY CONSENT TO PRE-EMPLOYMENT DRUG TESTING**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please print)

The City of Crane has a vital interest in maintaining safe, healthful, and efficient working conditions for its employees. Using or being under the influence of drugs may pose serious safety and health risks not only for the user but his/her co-workers and the public.

By signing this Notice, the applicant understands and voluntarily agrees to submit to pre-employment drug screening. The applicant further agrees to release The City of Crane and its directors, officers, agents, employees, parents, subsidiaries, and affiliated concerns from any and all liability, claims, demands, damages, and causes of action of every kinds and nature arising out of the pre-employment drug screening and any decision concerning employment made by the City of Crane, in whole or in part, based upon the results of the pre-employment drug screen.

ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH CITY OF CRANE. Refusal of any applicant to agree to pre-employment drug screening at this time does not preclude an applicant from applying for employment with the City of Crane at some future when the applicant will agree to conform to your policies.

I understand that my offer of employment with the City of Crane is contingent upon my taking and passing a test for the presence of illegal drugs. I further understand an agree that I may be terminated from the City of Crane should the results be positive for the presence of illegal drugs. I voluntarily consent to have a sample of my urine collected for the purpose of drug testing. In the event I would submit two or more samples for drug screening in connection with my application for employment, I understand that each sample must be negative for the presence of illegal drugs. The drug test will be conducted by a clinical laboratory. I hereby authorize the results of this testing to be released to the

City of Crane. This consent is subject to revocation at any time upon written notice. I understand that I may receive a copy of this consent from upon written request.

SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF CONSENTING PARENT OR GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(To be maintained on file with Employment Application)

**VOLUNTARY CONSENT FOR BACKGROUND AND REFERRAL CHECK**

**To: All Applicants for Employment:** (Please read carefully before signing below)

In processing my application for employment, I understand the employer, its representatives, employees or agents may obtain and investigate for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, references, character, general reputation, personal characteristics, mode of living, and information about my criminal conviction background consistent with state and federal law.

By signing below, I authorize this employer to obtain an investigative report on me as part of the pre-employment background and investigation process.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (please print)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**­­­­­­­­­­­­­­­­Signature Date Signed**