

Applicant's Name: _____

CITY OF AUBURN
Civil Service Commission

Memorial City Hall
Auburn, NY 13021
(315) 255-4141

**APPLICATION FOR
EMPLOYMENT**

Position of Interest _____

CITY OF AUBURN CIVIL SERVICE COMMISSION INTERNAL USE ONLY			
Date Application Received			
Application Status	<input type="checkbox"/>	Approved	By: _____
	<input type="checkbox"/>	Disapproved	By: _____
	<input type="checkbox"/>	Conditional	By: _____

SKILLS	Typing Speed: _____ WPM	Data Entry: _____ # Numeric Keystrokes/Hour	_____ # Alpha Keystrokes/Hour
	Computer Skills:		
	List certificates, licenses (including driver license or CDL endorsement) or professional achievements that would support your qualifications for employment:	List any additional skills, technical or professional knowledge that you feel would support your application:	
If you are applying for a position which requires a Commercial Driver License, provide license # here:			

List your previous four (4) employers whether or not they seem relevant to the position for which you are applying.

Present or Last Employer			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)	From	To	Salary
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			

Next Previous Employer			
Name of Employer		Phone Number	
Address	City	State	Zip
Employment Dates (Month/Year)	From	To	Salary
Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
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Title of Position		Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments			
Reason for leaving			

U.S. MILITARY HISTORY			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
U.S. Military Branch	Entry Date	Discharge Date	Training or Specialty

References (Other than relatives or former supervisors; list three)			
Name/Occupation			Phone Number
Address	City	State	Zip
			Years Known
Name/Occupation			Phone Number
Address	City	State	Zip
			Years Known
Name/Occupation			Phone Number
Address	City	State	Zip
			Years Known

Conviction Record Status		
Have you ever been convicted of and/or plead guilty to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been convicted of and/or plead guilty to a misdemeanor within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered 'yes' to either question, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the City of Auburn. The nature of the violation and all other appropriate circumstances will be considered. The City reserves the right to reject individuals for employment with the City based on job-related convictions.		
Date	County/State	Conviction/Explanation

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form and understand that for consideration with the City of Auburn, the City will conduct a criminal background check. I also authorize investigation of my employment record and references, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, subject to applicable federal, state and/or local rules and regulations and/or collective bargaining agreements. For positions subject to the federal Department of Transportation regulations regarding controlled substances and alcohol use testing (Part 382), I understand that as a condition for employment with the City of Auburn, a pre-employment controlled substance test will be required and must be passed.

Date: _____ Signature of Applicant: _____