

**CONFIDENTIAL**

**City of Lander Application for Employment**



**WHAT IS THE PURPOSE OF THIS FORM**

To assist the municipality in selecting a person for an advertised post. This form may be used to identify candidates to be interviewed. Since all applicants cannot be interviewed, you need to fill in this form completely, accurately and legibly. This will help to process your application fairly

**A. THE ADVERTISED POST**

Position for which you are applying for (as advertised):	If you were offered the position, when can you start OR how much notice must you serve with your current employer?
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**B. PERSONAL INFORMATION**

First Name:				
Last Name:				
Address:				
	Street Name and No.	City	State	Zip code
Date of Birth:	Month:	Day:	Year:	
Referred for this position by:				
Are you legally eligible for employment in the United States?	YES NO			
Have you ever been convicted of a felony offense? A conviction will not necessarily disqualify an applicant from employment.	YES NO			
If yes, state the particulars:				
Have you ever been terminated from employment or asked to resign by an employer?	YES NO			
If yes, state the particulars:				

<b>C. HOW DO WE CONTACT YOU?</b>			
Method of Correspondence	Phone	Cell	Email
<b>D. QUALIFICATIONS</b>			
Are you a high school graduate	YES	NO	Year:
High School Equivalency	YES	NO	
College or University	YES	NO	
Trade, Business, or Correspondence School	YES	NO	
Are you presently attending school?	YES	NO	Where:
Do you have a valid driver's license?	YES	NO	
Do you have a CDL?	YES	NO	Number:
Can operate heavy equipment?	YES	NO	
Do you hold any professional license or certifications?	YES	NO	If so, what?
If so, type and date issued.	Type:	Date Issued:	

<b>E. EMPLOYMENT HISTORY</b>				
Beginning with your present or most recent experience, account for all employment during the past ten (10) years. To elaborate, a supplemental sheet or resume may be attached, but cannot be substituted for a completed application. Include military service if applicable.				
Name of Employer	Job Title	Name of Supervisor	Phone Number	Address

\*Inquiry may be made of your current and former employers/schools you attended.

<b>D. PROFESSIONAL REFERENCES</b>		
Full Name	Business/Occupation	Phone Number
1)		
2)		
3)		

**APPLICANT’S STATEMENT AND AUTHORITY TO RELEASE INFORMATION**

(Required for ALL Positions)

I understand that this employment application and any other city documents are not contracts of employment, and any person hired may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by a prospective or existing employee. I understand that the City of Lander may modify, change, or revoke any of its employment policies, pay practices, and benefits without my agreement. I hereby state that all answers on this application are true and understand that falsifying this information can lead to termination if hired. **I UNDERSTAND THAT IN ACCORDANCE WITH CITY POLICY, FINAL CANDIDATES ARE SUBJECT TO AN ALCOHOL / DRUG TEST AS A CONDITION OF EMPLOYMENT.**

I hereby authorize any and all persons, companies, or agencies to release any and all background information, of a confidential or privileged nature, including criminal history, relevant to this application and any pertinent information they may have to the hiring authorities of City of Lander. I release all such parties from all liability of every kind as the result of furnishing the same to City of Lander. This information is to be used to assist the City in determining my qualifications and fitness for the position I am seeking. I hereby release City of Lander and its officers, agents and employees from any liability for the use of any and all of the foregoing information, in consideration for being reviewed for the aforesaid position.

Full Name (printed)		Signature:	
Date:			

## AUTHORIZATION FOR CONSUMER REPORTS

### Authorization

**I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.**

**This authorization is conditioned upon the following representations of my rights:**

I understand that I have the right to make a request to the consumer reporting agency: Inquirehire ("Agency"), 320 LeClaire Street, Davenport, IA 52801, telephone number (800) 494-5922, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.inquirehire.com](http://www.inquirehire.com).

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5<sup>th</sup> Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

In connection with my application for employment, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted \_\_\_\_\_ / No, my current employer cannot be contacted \_\_\_\_\_

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (initials).

I am providing the following information for the preparation and proper verification of the consumer report.

*Previous maiden name or other married name? Yes \_\_\_ No \_\_\_*

*If yes, list names and corresponding years.* \_\_\_\_\_

Drivers License number: \_\_\_\_\_ State of issuance (DL): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

List all past **counties** of residence **and** corresponding years: (i.e. Scott, IA 2007 – 2017)

County \_\_\_\_\_ Years: From \_\_\_\_\_ through \_\_\_\_\_

County \_\_\_\_\_ Years: From \_\_\_\_\_ through \_\_\_\_\_

County \_\_\_\_\_ Years: From \_\_\_\_\_ through \_\_\_\_\_

Current Address, City, State, & Zip

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Print Full Name - Include Middle Name (please print legibly)

\_\_\_\_\_  
Parent/Guardian Signature if under 18

\_\_\_\_\_  
Date

Inquirehire, Inc. 320 LeClaire Street, Davenport IA 52801 | 800-494-5922 or [inbox@inquirehire.com](mailto:inbox@inquirehire.com)

To view Inquirehire Privacy Policy: <http://inquirehire.com/resources/legal-and-compliance.html>

Reviewed Feb 2019

## DISCLOSURE FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) with the City of Lander, I understand consumer reports will be requested by you (“Company”). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers’ compensation claims, judgments, bankruptcy proceedings, evictions, criminal background checks, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Inquirehire, Inc. 320 LeClaire Street, Davenport IA 52801 | 800-494-5922 or [inbox@inquirehire.com](mailto:inbox@inquirehire.com)  
To view Inquirehire Privacy Policy: <http://inquirehire.com/resources/legal-and-compliance.html>