



Position for which you are applying :

FULL  
TIME

PART  
TIME

AS  
NEEDED

Date :

**APPLICANTS INFORMATION**

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

Name Last First Middle Date Of Birth :

Maiden/Alias Names : SSN :

Full Address :

Number of years at this address : if under 18, please list age :

EMAIL :

PHONE :

**AVAILABILITY**

Number of hours per week :

NO PREF :

THURS :

Can you work nights : YES NO

MON :

FRI :

TUES :

SAT :

WED :

SUN :

**DAYS/HOURS AVAILABLE TO WORK :**

**EDUCATION**

School : Address : Major & Degree :

School : Address : Major & Degree :

School : Address : Major & Degree :

**CRIMINAL HISTORY**

HAVE YOU EVER BEEN CONVICTED OF A CRIME? : YES NO

If yes, explain number of convictions(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentences(s) imposed, and type(s) of rehabilitation. :

[Blank lines for criminal history explanation]

## CURRENT EMPLOYMENT STATUS

**Present Position :**  **Salary :**

**Employer's Name :**  **Employer's Phone :**

**Full Address :**  **May we contact :**  YES  NO

**Job Description :**

**Employment Dates :** From:  To:

**Reason for Leaving :**

## EMPLOYMENT HISTORY

We respect your time applying for a position with the City of Alexandria. If you have all the requested employment experience information listed on a resume you include with this application, please check this box and skip on to the next section.

Please list chronologically the last five years of employment. Use additional blank paper if needed.

**Present Position :**  **Salary :**

**Employer's Name :**  **Employer's Phone :**

**Full Address :**  **May we contact :**  YES  NO

**Job Description :**

**Employment Dates :** From:  To:

**Reason for Leaving :**

**Former Position :**  **Salary :**

**Employer's Name :**  **Employer's Phone :**

**Full Address :**  **May we contact :**  YES  NO

**Job Description :**

**Employment Dates :** From:  To:

**Reason for Leaving :**

## EMPLOYMENT HISTORY - CONTINUED

Former Position :  Salary :

Employer's Name :  Employer's Phone :

Full Address :  May we contact :  YES  NO

Job Description :

Employment Dates : From:  To:

Reason for Leaving :

## MILITARY

Have you ever been in the Armed Forces? :  YES  NO

Are you now a member of the National Guard? :  YES  NO

Specialty :  Date Entered:  Discharge Date:

## LICENSE INFORMATION

DO YOU HAVE A DRIVER'S LICENSE? :  YES  NO

What is your means of transportation to work? :

Driver's license number :  State of issue :  Expiration Date :

Operator  Commercial (CDL)  Chauffeur Expiration Date :

Have you had any accidents during the past three years? :  YES  NO How Many? :

HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE PAST THREE YEARS? :  YES  NO How Many? :

## CHARACTER REFERENCES

Please list three (3) professional and three (3) personal references.

Professional Reference	Name	Address	Contact Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

  

Personal References	Name	Address	Contact Number
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

## OFFICE APPLICATES ONLY

If you are applying for an office position please fill out the information below.

Typing :  YES  NO WPM :

Personal Computer :  YES  NO /  MAC  PC

PROGAM PROFICIENCY :  WORD  EXCEL  GOOGLE DOCS  GOOGLE SHEETS

OTHER SKILLS :

**Applications should be emailed to:  
rmartin@cityofalexandria.in.gov**

**- An Equal Opportunity/Affirmative Action Employer -**  
Complying with all provisions of the Americans with Disabilities Act

THANK YOU FOR YOUR INFORMATION



**CITY OF ALEXANDRIA  
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application with the City of Alexandria (hereinafter called "the City"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other City practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of the City, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Mayor and/or the Board of Works. Both the undersigned and the applicant may end the employment relationship at any time, within the guidelines of the employee personnel policy. If employed, I understand that the City may unilaterally change or revise its benefits, policies, and procedures, and such changes may include a reduction in benefits.

I authorize the investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the City permission to contact all references and hereby release the City from any liability as a result of such contract.

I also understand that (1) the City has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the City may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the City will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the City shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relation with the City is terminable at will for any reason by either party.

Please print your name :

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

Date : \_\_\_\_\_

This City is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with the City depends solely on your qualifications.