

APPLICATION FOR EMPLOYMENT WITH CITY OF AURORA

An Equal Opportunity Employer

The City of Aurora does not discriminate on the basis of race, color, gender, national, origin, age, religion, or disability, in employment or the provision of services.

Name and Address							
Name (First, MI, Last)							
Mailing Address							
City, State, and Zip Code							
Telephone				Alternate Phone			
If under 18, please list age				Email			
Job Type							
Days/hours available to work							
I have no preference.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
		Full-time		Part-time job		Full- or Part-time	
How many hours can you work weekly?				Can you work nights?		Date available to begin	
Additional Information							
Have you ever been employed by this organization in the past?						Yes	No
I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States.						Yes	No
Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony?						Yes	No
If Yes, please explain:							
Do you have a driver's license?			Yes No		Driver's license number		Issued in what state?
Have you had any accidents during the past three years?						How many?	
Have you had any moving violations during the past three years?						How many?	

Education				
School	Location (mailing address)	Years Completed	Major	Degree or Diploma
High School				
College or Business/Trade School				
Military				
Have you even been in the Armed Forces?	Yes	No	Date entered	
Are you now a member of the National Guard?	Yes	No	Discharge date	
Specialty				

Work Experience

List all employment history and work experience during the previous five years. Failure to include all past employment may be grounds for disqualification.

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? Yes No		
Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		
May we contact this employer? Yes No		

Work Experience (continued)

Company	Name of last supervisor	Hrs/week
Address	Start Date	Starting Salary
City, State, and Zip Code	End Date	Final Salary
Phone number	Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact this employer? Yes No

References

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1.

2.

3.

4.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.

Signature

Date

MARK A. DRURY
Mayor

BENNY TURNER
Clerk-Treasurer

JARED EW BANK
City Attorney

DEREK WALKER
City Manager



INDIANA
P.O. Box 158
Aurora, IN 47001
(812) 926-1777
Fax (812) 926-0838
www.aurora.in.us

City Council
JOHN E. BORGMAN

JOEY TURNER

FREDRICK LESTER

TERRY HAHN

PATRICK SCHWING

AUTHORIZATION PERMIT FOR POLICE BACKGROUND INVESTIGATION

I hereby authorize the _____ Police Department to give any information concerning any arrest record that I may have on file, and in signing this authorization, I hereby release the _____ Police Department of any rights, claims, or demands that I may have against them.

NAME _____

ADDRESS _____

DATE of BIRTH _____

SOCIAL SECURITY NUMBER _____

SIGNATURE _____

SIGNATURE OF LAW ENFORCEMENT OFFICIAL

TITLE

DATE

RECORD ON FILE YES NO

COMMENTS _____

The Record you have requested from the _____ Police Department is **NOT** a limited criminal history and **ONLY** includes Arrests and Traffic Records made by the _____ Police Department. Arrests and criminal history outside the police jurisdiction listed may not be included in this record. To obtain a limited criminal history, please visit **in.gov** website.