



C. WORK HISTORY – START WITH PRESENT EMPLOYER			
1. FROM	TO	EMPLOYER	
ADDRESS			
TELEPHONE NUMBER ( )		JOB TITLE	
DUTIES			
SUPERVISOR		STARTING SALARY	ENDING SALARY
REASON FOR LEAVING			
2. FROM	TO	EMPLOYER	
ADDRESS			
TELEPHONE NUMBER ( )		JOB TITLE	
DUTIES			
SUPERVISOR		STARTING SALARY	ENDING SALARY
REASON FOR LEAVING			
3. FROM	TO	EMPLOYER	
ADDRESS			
TELEPHONE NUMBER ( )		JOB TITLE	
DUTIES			
SUPERVISOR		STARTING SALARY	ENDING SALARY
REASON FOR LEAVING			
4. FROM	TO	EMPLOYER	
ADDRESS			
TELEPHONE NUMBER ( )		JOB TITLE	
DUTIES			
SUPERVISOR		STARTING SALARY	ENDING SALARY
REASON FOR LEAVING			



**F. CRIMINAL HISTORY**

1. HAVE YOU EVER BEEN ARRESTED, CONVICTED OF, OR PLED GUILTY TO A FELONY? YES IF YES, COMPLETE  
NO SKIP TO QUESTION 2.

DATE	ALLEGED CRIME	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

2. HAVE YOU EVER BEEN ARRESTED, CONVICTED OF, OR PLED GUILTY TO A MISDEMEANOR? YES IF YES, COMPLETE  
NO SKIP TO QUESTION 3.

DATE	ALLEGED CRIME	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

3. HAVE YOU EVER BEEN ARRESTED, CONVICTED OF, OR PLED GUILTY TO DOMESTIC VIOLENCE? YES IF YES, COMPLETE  
NO SKIP TO QUESTION 4.

DATE	ALLEGED CRIME	POLICE AGENCY, CITY & STATE	DISPOSITION OF CASE

4. ARE YOU PRESENTLY ON PROBATION FOR ANY CRIMINAL OFFENSE? YES NO IF YES, EXPLAIN.


5. COULD YOU BE BONDED? YES NO

6. HAVE YOU EVER BEEN BONDED ON A JOB? YES NO

**G. TRAFFIC RECORD**

1. DO YOU POSSESS A VALID DRIVER LICENSE? YES NO	DRIVER LICENSE NUMBER	STATE OF ISSUE
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2. LIST ALL STATES WHERE YOU WERE ISSUED A DRIVER LICENSE (INCLUDE DRIVER LICENSE NUMBER)

3. HAS YOUR DRIVER LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO IF YES GIVE REASON


4. HAVE YOU EVER BEEN ARRESTED FOR, CONVICTED OF, OR PLED GUILTY TO ANY ALCOHOL RELATED TRAFFIC OFFENSE? YES NO IF YES EXPLAIN

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5. IS ADEQUATE TRANSPORTATION AVAILABLE SO THAT YOU CAN GET TO WORK ON TIME EVERY DAY?  
YES NO

**H. PERSONAL BIOGRAPHY – INCLUDE INFORMATION FROM BIRTH TO PRESENT- USE ONLY SPACE PROVIDED**

**I. ADDITIONAL INFORMATION – USE THIS SPACE FOR COMMENTS OR INFORMATION NOT COVERED ELSEWHERE.**

**READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE SIGNING APPLICATION**

I certify that the information in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for disqualification from the selection process or dismissal from City employment.

I authorize the persons, employer and agents of employer listed on this application and all attachments to give you any and all information concerning any previous employment and pertinent information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I authorize investigations of all statements contained in this application and authorize the investigation of all matters contained in this application and hereby give the City of Unionville permission to contact any party that may have information about my work, education history, financial record, criminal record, general reputation and past medical record and condition.

If I am employed by the City of Unionville, I agree to conform to the personnel policies and rules and regulations of the City of Unionville, and my employment can be terminated with or without cause, and with or without notice, at the option of either the city or myself. I understand the pre-employment drug testing as well as drug testing and physical examination after employment may be required as a condition of employment.

I hereby waive all rights to access or review of any information granted to me by the Privacy Information Act. This waiver of access includes all information the City obtains throughout the application and selection process.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant