



City of Johnson Employment Application

Your Contact Information

First Name

Last Name

E-mail Address

Phone

Which position are you applying for?

What skills and/or training do you have that would benefit you in the job you are applying for?

What other technologies do you have experience with?

References

First Name

Last Name

E-mail Address

Phone

First Name

Last Name

E-mail Address

Phone

First Name

Last Name

E-mail Address

Phone

Work History (start with most recent employer)

Employer

Address

Phone

Date started

Starting salary

Starting Position

Date left

Salary on leaving

Position on leaving

Name of supervisor

Title of supervisor

Description of duties

Reason for leaving

Employer

Address

Phone

Date started

Starting salary

Starting Position

Date left

Salary on leaving

Position on leaving

Name of supervisor

Title of supervisor

[Empty input box]

Description of duties

Reason for leaving

[Empty input box]

Employer

Address

Phone

[Empty input box]

Date started

Starting salary

Starting Position

[Empty input box]

Date left

Salary on leaving

Position on leaving

[Empty input box]

Name of supervisor

Title of supervisor

[Empty input box]

Description of duties

Reason for leaving

[Empty input box]

Are you willing to relocate?

What are your salary requirements?

Yes No

[Empty input box]

When can you start?

[Empty input box]

The City of Johnson maintains a drug free work place. As an employee you may be asked to cooperate in a drug test. By signing this application and submitting it for consideration you are hereby consenting to background investigations as may be appropriate to the position for which you are applying. You maybe be asked to submit additional wavers or consents in order to complete the process.

I certify that all statements herein are true and correct. I also understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Signature of Applicant

**APPLICANT INFORMATION FOR RECORD KEEPING REQUIREMENTS
(ANSWER ALL QUESTIONS AND PLEASE PRINT OR TYPE)**

The City of Johnson is an Equal Opportunity Employer. We request that you voluntarily provide the following information which will be used to study recruitment and employment patterns and to provide, as requested, statistical data to certain Federal compliance agencies. This information WILL NOT be used in the employment process, and failure to provide the information WILL NOT jeopardize your opportunity for employment with the City of Johnson.

Name: _____ Today's Date: _____

Sex and Race Ethnic Identification

Sex: Male: _____ Female: _____ (check one)

Race/Ethnic: For the purposes of Equal Opportunity, race/ethnic categories are identified as follows:
Please check the category, which identifies your race/ethnic background.

White: _____ (Not of Hispanic origin) All persons having origin in any of the original peoples of Europe, North America or the Middle East.

Black: _____ (Not of Hispanic origin) All persons having origin in any black racial groups of Africa.

Hispanic: _____ All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

Asian or Pacific Islanders: _____ All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Subcontinent or the Pacific Islands (Example: China, Japan, Korea, the Philippine Islands and Samoa.)

American Indian or Alaskan Native: _____ All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Other: _____

I understand that various laws prohibiting discrimination on the basis of race, color, national origin, sex, religion, and age and in some circumstances, disability or veteran status protect me. I further understand that the information contained in this form is to be used solely in equal employment record keeping, reporting and other requirements. I also understand that this information will be kept in the strictest of confidence and will not be disclosed to others except for the above stated purpose and then only if necessary.

Signed: _____ Date: _____

Note: This information provided on this form will be kept separate from the employment application form such as in Section 111 of this file.



**WAIVER OF LIABILITY AND RELEASE FORM FOR
BACKGROUND INVESTIGATION FOR
APPLICANTS**



I recognize that individuals must clearly demonstrate their personal, medical, and psychological fitness to serve in the capacity of a Police Officer. I further recognize that an employing agency has both a legal and moral obligation to take every reasonable effort to insure that any person employed by them as a will conform to the highest standards.

I understand that I am authorizing an intensive investigation into all aspects of my personal, medical, and psychological fitness and that such an investigation will include contacting persons and/or organizations that have information relating to my fitness. I also understand that those persons and/or organizations may feel intimidated or otherwise reticent about furnishing legitimate information concerning my fitness unless the confidentiality of their information can be guaranteed on a permanent basis.

I further understand that although some of the information contained in this report is a matter of public record or would otherwise be accessible to me, this information will be inextricably interwoven with other confidential data to which I otherwise would not be privy. I therefore understand that I will not be provided or have access to the information obtained in the course of this background investigation.

Therefore, I exonerate, release, and discharge the Johnson Police Department, its Officers and Agents, and assign now and in the future from any claim of damages whether in law or in equity on behalf of myself, my heirs, agents or assigns for their refusal to make available any and all information contained in this pre-employment investigation, including but not limited to the identity of a person or organization who may have supplied information in the course of this investigation, as well as their substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration.

I knowingly, voluntarily, specifically and permanently waive any rights I may have to examine, review or otherwise discover the contents of this investigation and all documents related. I have had adequate time to review this form and I understand its meaning and purpose.

Applicant: _____ **Date:** _____

The above named individual appeared before me this date and having identified himself/herself, signed the above informed consent in my presence.

NOTARY PUBLIC **Date:** _____

My commission expires _____

A PHOTOCOPY OF THIS FORM IS CONSIDERED AS VALID AS ORIGINAL