



APPLICATION FOR EMPLOYMENT CITY OF NEW BUFFALO EQUAL OPPORTUNITY EMPLOYER

Personal Information

Name (last name first)

Address	City	State	ZIP Code
Telephone	Email		

Employment Desired (check and complete all that apply)

<input type="checkbox"/> Specific full-time position:	<input type="checkbox"/> Paid on-call firefighter	<input type="checkbox"/> PT/ seasonal Launch attendant
	<input type="checkbox"/> PT/ seasonal/ reserve police	<input type="checkbox"/> PT/ seasonal Marina attendant
	<input type="checkbox"/> Part-time/ seasonal lifeguard	<input type="checkbox"/> PT/ seasonal Parks/ DPW worker
Have you worked for the City before (if yes, when)	Date you can start	Salary/ pay desired

Education History (complete all that apply)

High school; City and State; years attended	<input type="checkbox"/> I have a high school diploma <input type="checkbox"/> I have a GED <input type="checkbox"/> I do not have a diploma/ GED
College, university, trade/ business school, etc.; City and State; years attended	<input type="checkbox"/> I've completed some classes <input type="checkbox"/> Associates <input type="checkbox"/> BA/ BS:
College, university, trade/ business school, etc.; City and State; years attended	<input type="checkbox"/> BA/ BS: <input type="checkbox"/> Masters: <input type="checkbox"/> Other:

Employment History and References

Are you currently employed? If so, where? Also, if we may inquire of this employer, supply their contact info:

Most recent previous employer, job performed, years worked, and reference contact info:

Other previous employer, job performed, years worked, and reference contact info:

Additional non-family reference with contact info and years known:

General Information

Detail any accreditation, certification, awards, special training/ experience, etc. (include first aid, CPR, lifeguard, boating)

Detail any armed forces service, veteran's status, and/ or discharge status

How did you find out about this job? Newspaper advertisement Website:
 Referred by: Interest in seasonal work Other:

Per the City Charter, Section 5.12, the City has an anti-nepotism policy; are you a spouse, child, grandchild, parent, grandparent brother, sister, half-brother or half-sister (including by adoption) of a City Council Member or the City Manager? Yes No

Have you ever been convicted of a felony or crime? Yes No Are there any criminal charges pending against you? Yes No
 (Not counting traffic/ parking/ or civil infractions) (Not counting traffic/ parking/ or civil infractions)

If you receive a conditional offer of employment, you must give the City your Social Security/ green card information, pass a background check, and pass a physical exam (which may include a drug test) to gain employment. By signing below you certify that the facts contained in this application are true and complete to the best of your knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. You authorize investigation of all statements contained herein and the references and employers listed above to give the City any and all information concerning your previous employment and any pertinent information they may have, personal or otherwise, and release the City from all liability for any damage that may result from utilization of such information. You also understand and agree that no representative of the City has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing, signed by an authorized person

Signature: _____ Date: _____



New Buffalo Police Department
Personnel Division
RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN

I hereby authorize any representative of the New Buffalo Police Department bearing this release to obtain information from your files or other sources pertaining to my personal background including, but not limited to, academic, athletic, achievement, attendance, personal history, disciplinary action, medical, credit or any other records you may have regarding me. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the New Buffalo Police Department. Consent is granted for the New Buffalo Police to furnish such information as is described above, to third parties in the course of the department fulfilling its ethical responsibilities with regard to my application for employment. I hereby release you, the institution or establishment which you represent including its officer, employees and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

This Authorization shall continue in effect until revoked by me in writing. A photo copy of the Authorization shall have the same force as the original.

Full Name (Type or Printed)	Social Security No.	Date of Birth
Current Address - No, Street, City, State, Zip	Telephone No.	
Signature	Date	

THIS INFORMATION IS CONFIDENTIAL DISCLOSURE OF CONFIDENTIAL INFORMATION IS PROTECTED BY THE FEDERAL PRIVACY ACT	AUTHORITY: 1935 PA 35 COMPLIANCE: Voluntary
--	--