# **TOWN OF ALBANY**

## APPLICATION FOR EMPLOYMENT

			Date	): 	/ /
NameLast	First		) (: 1 II	~	
Address			Middle		
Street		City	State	Zip	
Telephone ( )	_	Social Sec	urity #	••	-
Type of employment	Part-time	Full-time	Either		
Position Desired					
Date of Availability	/ /Avail	able for Overtime	Yes	**************************************	No
Hours of Availability	Monday - Friday				
Are you legally eligible for e	employment in the Ur	nited States?	Yes		No
Have you ever been bonded?	?	- Constitution of the Cons	Yes	·	No
Have you been convicted of  If yes, explain	a crime in the last sev	ven (7) years?	Yes	W	No
(Convidence of the Convidence	ction will not necessarily l	pe a bar to employment)			

Commitment to Equal Employment: Prospective employees will receive consideration without respect to race, color, sex, age, religion, national origin, disability or veteran status.

### EMPLOYMENT HISTORY

Please provide complete information for current and past employers beginning with the most recent.

Employer			Telephone ( )	-
Address	•			
Street		City	Stat	e Zip
Job Title			Hourly Rate of Pay \$	
Name and Title of Supervisor				
Dates of employment	From	. / /	To//	
Reason for leaving				
Describe work duties				
Employer	<u> </u>		Telephone ( )	-
Address Street		City	State	e Zip
Job Title				•
			120012) 1000 02 1 0) +	
Name and Title of Supervisor	Enom	1 1	То / /	
Dates of employment				<del></del>
Reason for leaving				***************************************
Describe work duties				***************************************
			AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
Employer			Telephone ( )	
Address				
Street		City	State	e Zip
Job Title			Hourly Rate of Pay \$	
Name and Title of Supervisor				
Dates of employment	From	/ /	To//	
Reason for leaving				
Describe work duties				
-				

## **EDUCATION**

Name & Location of School	GPA	Major	Currently enrolled Yes/No	Degree			
	· · · · · · · · · · · · · · · · · · ·						
	REFERENCES						
List three business/work refere such as co-workers, subordina	ences not i tes and pa	related to you that have dire st supervisors not listed in	ect knowledge of yo Employment Histor	our job performance ry.			
Name		Relationship	Telephone	Years Known			
	ADDITIONAL INFORMATION						
List special accomplishments, publications, awards, and/or membership in professional or civic organizations.  (Exclude information revealing race, color, sex, age, religion, national origin, handicap or other protected status)							
Briefly describe why you would like to work for the Town of Albany and why you feel you are qualified for employment with us.							
				The state of the s			

#### **ACKNOWLEDGEMENT**

I commit that the information I have provided in this Application for Employment is true, correct and complete. If I am employed, any misrepresentation or omission of fact made by me on this application will be sufficient cause for immediate discharge regardless of date of discovery.

I give the Town of Albany the right to contact and obtain information from all references, employers, consumer credit agencies and other sources included on this application form. I hereby release from liability the Town of Albany and its representatives for seeking, gathering and using such information, and all other persons, corporations or organizations for furnishing such information.

Town of Alban	at acceptance of a y to continue to e cause or prior no	an offer of employment does not create a contract employ me in the future. I also understand that I a otice.	rual obligation upon the im free to resign at any time
Signature o	f Applicant	Date	
		FOR INTERNAL USE	
Interview comr			
1.			
2.			
3.			
		NEW HIRE INFORMATION	
Date of Hire			
Position			
Rate of Pay		Race	Sex

#### Invitation to Self-Identify

The town of Albany believes in equal opportunity for all individuals applying for employment with us. As part of our record keeping to support this practice, we are required to gather personal information about each person that completes an employment application.

The information you provide to us will be used for statistical reporting only and will be separated from your application immediately upon receipt. The identification you provide will have no impact on our hiring decision now or in the future.

Thank you for your coo	operation.				
Name		Gender	Female	]	Male
Race		hite and not of Hispar	nic origin)		
	Black (not of	Hispanic origin)			
	Hispanic				
	Other				
Veteran Status	Special Disab	led Veteran			
	Veteran of the	Vietnam Era			
	Disabled				

In connection with my application for employment with the Town of Albany, I understand that a consumer report and/or investigative consumer report, as defined by the Fair Credit Reporting Act (FCRA), may be obtained by an agent of the Town of Albany, its agents or employees, and I authorize all corporations, employers, co-workers, references, credit reporting agencies, educational institutions, licensing bodies, courts, law enforcement agencies, governmental agencies or departments, and military services to provide information about my background, including but not limited to driving records, court records, credit report, academic records, professional license record and employment information or records. I agree to release the aforesaid from any liability for collecting that information.

I understand that an investigative consumer report is a special type of consumer report that is obtained through interviews and may contain information about my character, general reputation, personal characteristics, and/or mode of living. Upon my written request within a reasonable period of time, a complete disclosure of the nature and scope of that investigation will be made to me in writing within five days of the date on which the request was received.

I further authorize the Town of Albany, if I am hired, to request a consumer report and/or investigative consumer report about me, for employment related purposes, at any time during the course of my employment to the extent allowed by law. I agree that this Disclosure and Release will be valid, now or in the future, in original, faxed, copied or electronic form.

I acknowledge that I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act." First Name Full Middle\_\_\_\_ Last\_\_\_\_\_Suffix\_\_\_\_\_ Any other name(s) used\_\_\_\_\_ Social Security # Date of Birth (MM/DD/ YYYY)\_\_\_\_ The State is requesting your SSN under authority IC 4-1-8 to I understand that my date of birth will be used solely accomplish statutory purposes. Disclosure is mandatory and for identification purposes. this form will not be processed without it. Position Applied For\_\_\_\_\_ Present Address\_\_\_\_\_ City/State/Zip/County\_\_\_\_ Telephone Number(s) Previous Cities/States of Residence during Last 7 Years\_\_\_\_\_ Driver's License #\_\_\_\_\_State of Issuance\_ Signature of Applicant \_\_\_\_\_\_ Date

Para Informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N. W., Washington, D.C.

A summary of Your Rights Under the Fair Credit Reporting Act
The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and
privacy of information in the files of consumer reporting agencies. There are many types
of consumer reporting agencies, including credit bureaus and specialty agencies (such
as agencies that sell information about check writing histories, medical records, and
rental history records). Here is a summary of your major rights under the FCRA. For
more information, including information about additional rights, go to
www.ftx.gov/credit or right to: Consumer Response Center, Room 130-A, Federal
Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone
  who uses a credit report or another type of consumer report to deny you application
  for credit, insurance, or employment or to take another adverse action against you
   must tell you, and must give you the name, address, and phone number of the
  agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer-reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free disclosure if:
  - a person has taken adverse action against you because of information in your credit report
  - you are the victim of identify theft and place a fraud alert in your file
  - you are on public assistance
  - you are unemployed but expect to apply for employment within 60 days

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information fro free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you
  identify information in your file that is incomplete or inaccurate, and report it to the
  consumer reporting agency, the agency must investigate unless your dispute is
  frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer report agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with valid need for access.
- You must give your consent for the reports to be provided to employers. A
  consumer reporting agency may not give our information about you to your
  employer, or a potential employer, without written consent give to the employer.
  Written consent generally is not required in the trucking industry. For more
  information, go to www.ftc.gov/credit.
- You may limit "prescreened" offers of a credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In come cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors, and others not listed below	Federal Trade Commission
	Bureau of Consumer Protection – FCRA
and the second of the second o	Washington, DC 20580 * 202-326-3650
National banks, federal branches/agencies of foreign banks (word	Office of the Comptroller of the Currency
"National" or initials "N.A." appear in or after bank's name)	Compliance Management – Mail Stop 6-6
	Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks and federal	Federal Reserve Board
banks and federal branches/agencies of foreign banks)	Division of Consumer and Community Affairs
	Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word	Office of Thrift Supervision
"Federal" or initials "F.S.B." appear in federal institution's name	Consumer Programs
	Washington, DC 20552 * 800-842-6929
Federal credit union (words "Federal Credit Union" appear in institution's	National Credit Union Administration
name)	1775 Duke Street
i.a.i.o)	Alexandria, VA 22314 * 703-518-6360
Banks that are state-chartered, or are not Federal Reserve System members	Federal Deposit Insurance Corporation
Dand that do said on	Division of Compliance and Community Affairs
	Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil	Department of Transportation
Aeronautics Board of Interstate Commerce Commission	Office of Financial Management
	Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture
**************************************	Office of Deputy Administrator - GIPSA
	Washington, DC 20250 * 202-720-7051