

APPLICATION FOR EMPLOYMENT WITH CITY OF COWETA

(Continued, Page 2)

Present & Former Employment List below your last six employers, starting with the most recent.

Date Month & Year	Name & Address	Phone	Salary Upon Leaving	Position	Reason for Leaving
From: To:					
From: To:					
From: To:					
From: To:					
From: To:					
From: To:					
From: To:					

*****Applicant must Initial each statement below and sign at the bottom.*****

_____ I understand that before I can be hired by the City of Coweta, I must provide proof of my identity and employment eligibility, by Homeland Security & I9 guidelines.

_____ I understand that if hired by the City of Coweta, my employment will be “at will of both parties” without stated terms or conditions and that the employment can be terminated by myself or by the City of Coweta at any time, with or without cause or prior notice by either party.

_____ I understand that I must state the exact job or job category that I am seeking and if I leave this space blank or is non-descript, my application may not be reviewed or considered for employment. I understand that I must fill out a separate application for each position that I am applying for.

_____ I understand that this application will remain on file with the City of Coweta for three years from the date it was accepted and after that date it will be destroyed unless I am hired by the City of Coweta. If you wish to reapply for employment a new application must be filled out after six months.

_____ I understand that an offer of employment is conditional upon a successful background check and that false or misrepresentation of information on this application or documents submitted to the City of Coweta is grounds for termination.

_____ I understand and affirm that nothing contained in this application, conveyed during any interview, conversation, or correspondence is intended to create an employment agreement or contract with the City of Coweta. I understand & agree that no promises regarding employment can be made to me except by the City Manager, and I understand that no such promise or guarantee is binding upon the City of Coweta unless made in writing.

_____ I understand and affirm that no offer of employment can be made until I have completed and passed a pre-employment drug test, satisfied a successful background review and that I may be required to submit to a medical examination at any time deemed appropriate by the City of Coweta.

_____ I understand and affirm that completing this application does not indicate there is a position open within the City and does not obligate the City of Coweta to hire. If hired, I agree to abide by all City of Coweta policies, rules, and procedures along with Department rules and procedures. The City of Coweta retains the right to revise its policies, rules, and procedures, in whole or in part, at any time.

_____ I certify that the facts contained in this applications (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the City of Coweta.

Date _____

Name (Printed) _____

Signature _____

AUTHORITY FOR RELEASE OF INFORMATION

City of Coweta
Box 850
Coweta, OK 74429

Last Name	First Name	Middle Name	Sex	Race	Date of Birth
Place of Birth (City/County)		State/Country		Social Security Number	

I, _____, do hereby authorize a review of and **full disclosure of all records**, or any part thereof, concerning myself, by and to **ANY** duly authorized agent of the City of Coweta whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts, and loans, and also the records of commercial or retail credit agencies (including credit reports and/or ratings); public utility companies; **employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me**, and salary records; real and personal property tax statements and records, and other financial statements and records wherever filed; records of complaint, arrest, trial and/or convictions for alleged or actual violations of law, including criminal, civil and/or traffic records; the results of any polygraph examinations; records of complaint of a civil nature made by or against me, wheresoever located, and to include the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate, and emphasize that the intent of this authorization is **to provide full and free access** to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the City of Coweta to consider determining my suitability for employment by that Department. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Coweta. I understand that all materials pertaining to this background investigation become the property of the City of Coweta, and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, **the sources of confidential information cannot be revealed to me**.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

Subscribed and sworn before me this _____ day of _____, 20____.

My Commission Expires _____, 20 ____

Notary _____

APPLICANT'S SIGNATURE		
STREET ADDRESS		
CITY	STATE	ZIP CODE

In connection with **City of Coweta** considering me for employment, continued employment, promotion or reassignment, I authorize **City of Coweta** and or its agent, ACCUFAX Div., Southvest Inc. to obtain a consumer report, criminal background check report, motor vehicle records or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates. When requested by an employer motor vehicle records or a driving history may be obtained. American Driving Records will provide motor vehicle records from the state of Louisiana.

I authorize, without reservation, any person or entity contacted by **City of Coweta**, or its agent, ACCUFAX Div., Southvest Inc. to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release **City of Coweta**, its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southvest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

PLEASE PRINT Requested by: 918-486-2189

LEGAL NAME _____ DOB * _____ SS# _____

OTHER NAMES USED _____

CURR. ADDR. _____ DL # _____ STATE _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

PREV. ADDR. _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

PREV. ADDR. _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

Signature _____ Date _____

LIST ALL CITY/STATES RESIDED IN SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

APPLICANT COMPLETE INFORMATION BELOW (MAY WE CONTACT YOUR CURRENT EMPLOYER ?) Y N

Employer	City	Tel	From Dates /	To
Employer	City	Tel	Dates /	
Employer	City	Tel	Dates /	

Employer	City	Tel	Dates /	
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Employer	City	Tel	Dates /	
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EDUCATION

Name	City, St	Tel	From Dates /	To
Most recent				

Years attended	Last year completed: 1 2 3 4	Degree(s)
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Last name if different while in School _____

* "Date of Birth" (DOB) or "Age" will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.

In connection with **City of Coweta** considering you for employment, continued employment, promotion or reassignment, **City of Coweta** may obtain a consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

PRINT NAME

DATE

SIGNATURE

A SUMMARY OF YOUR RIGHTS

UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRA’s are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn about those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you such as denying an application for credit, insurance or employment must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently.** There is no charge for the report if a person has taken action against you because of information supplied by the CRA, provided that you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA’s – to which it has provided the data – of any errors) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

A SUMMARY OF YOUR RIGHTS

UNDER THE FAIR CREDIT REPORTING ACT

The FCRA gives several different federal agencies (listed below) authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:

PLEASE CONTACT:

CRA's creditors and others not listed below

Federal Trade Commission
Consumer Response Center – FCRA
Washington, DC 20580
202-326-3761

National banks federal branches/agencies of **Currency** foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)

Office of the Comptroller of the
Compliance Management, MailStop 6-6
Washington, D.C. 20219
800-613-6743

Savings associations and federally chartered savings banks (word “federal” or initials “F.S.B.” appear in federal institution’s name)

Office of Thrift Supervision
Consumer Programs
Washington, D.C. 20552
800-842-6929

Federal Reserve system member banks (except national banks, and federal branches/agencies Affairs of foreign banks)

Federal Reserve Board
Division of Consumer & Community
Washington, D.C. 20551
202-452-3693

Federal Credit Unions (words “Federal Credit Union” appear in institution’s name)

National Credit Union Administration
1775 Duke Street

Alexandria, VA 22314
703-518-6360

State chartered banks that are not a member of the
Corporation
Federal Reserve System
Affairs

Federal Deposit Insurance

Division of Compliance & Consumer

Washington, D.C. 20429
800-934-FDIC

Air-surface, or rail common carriers regulated by
former Civil Aeronautics Board or Interstate
Commerce Commission.

Department of Transportation

Office of Financial Management
Washington, D.C. 20590

Activities subject to the Packers and Stockyards
Act, 1921

Department of Agriculture

Office of Deputy Administrator – GIPSA
Washington, D.C. 20250
202-720-7051