

# City of Fairfield

## OUTSIDE EMPLOYMENT APPLICATION



Employees considering a second job or outside activity must have prior approval from their supervisor to determine whether or not there is a potential conflict of interest with the employee's duties, the objective of the department, or the City. The final determination will be rendered by the employee's department head and the City Manager. Please complete the following application and submit to your department head for approval.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

### OUTSIDE EMPLOYMENT INFORMATION

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Employment Classification or Title: \_\_\_\_\_

Types of Duties to be Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number Hours Per Day Required: \_\_\_\_\_ Per Week: \_\_\_\_\_

Typical Schedule: \_\_\_\_\_

Date Employment Will Begin (If Approved): \_\_\_\_\_

Last Day of Employment (If Known): \_\_\_\_\_

*It is understood that this request for part-time employment shall not, in any matter, interfere with any duties or regulations in conjunction with my employment with the City of Fairfield. Should any conflict of duty or regulation occur between either employer, I shall immediately resign from one position or the other.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT HEAD APPROVAL:**  Approved  Denied

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY MANAGER APPROVAL:**  Approved  Denied

City Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RESCINDED:**

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Copy to Human Resources**