

APPLICATION FOR EMPLOYMENT



CITY OF WASHINGTON

200 Harned Ave.
Washington, IN 47501
812-254-5575
A Nice Place To Live

NAME: _____

POSITION: _____

DATE: ____ / ____ / ____

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
<input type="checkbox"/> Inquiry	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
		Zip Code
Telephone Number(s)	Social Security Number	

Best time to contact you at home is: _____ : _____ ^{AM}/_{PM}

If you are under 18 years of age can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment Yes No

Date available for work ____ / ____ / ____ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoon Evenings)
 Temporary (please indicate dates available ____ / ____ / ____ - ____ / ____ / ____)

Are you currently on "lay-off" status and subject to recall? Yes No

Have you ever been arrested or convicted of a crime other than a minor traffic offense? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

NAME: _____

POSITION: _____

DATE: _____ / _____ / _____

1.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title		Starting	Final	
	Supervisor				
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title		Starting	Final	
	Supervisor				
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title		Starting	Final	
	Supervisor				
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title		Starting	Final	
	Supervisor				
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery (list)	Other (List)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

1. _____ ()
(Name) Phone #

(Address)

2. _____ ()
(Name) Phone #

(Address)

3. _____ ()
(Name) Phone #

(Address)

APPLICANT'S AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, driving record, criminal history, credit history or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment. If hired, I agree I will serve at the will of the City of Washington and I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of the city of Washington as they are from time-to-time changed with or without notice to me. I agree that either party may terminate the employment relationship, with or without cause, at any time for any reason. I agree that these arrangements may only be altered in writing directed to me personally by the Mayor of the City of Washington. I further agree that if I should bring any action or claim arising out of my employment against the City of Washington in which the City of Washington prevails, I will pay to the City of Washington any and all costs incurred by the City of Washington in defense of said claims or actions, including attorneys fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical (if such physical is required) are known.

Applicant's Signature

Date