

APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT)

Position(s) Applied For

Date of Application

How Did You Learn About Us?

☐ Advertisement ☐ Friend ☐ Walk-In
☐ Employment Agency ☐ Relative ☐ Other

Last Name

First Name

Middle Name

Address: Street

City

State

Zip Code

Telephone Number(s)

Social Security Number

If you are under 18 years of age, can you provide required proof of 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 _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

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

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

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

Have you been convicted of a felony within the last 7 years? ☐ Yes ☐ No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain:

SPECIALIZED SKILLS

Skills and/or Equipment Operated, Check All That Apply(ies)

☐ Fax

☐ Word Perfect

Production or Mobile
Machinery (list)

Other (list)

☐ PC

☐ Lotus 1-2-3

☐ Calculator

☐ PBX System

☐ Typewriter

☐ Microsoft Office

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Page 1 of 3

EDUCATION

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

ADDITIONAL INFORMATION

Please describe any specialized training, apprenticeship, skills, extra-curricular activities, job related skills from other employment or other experience, and any job related training received in the United States military.

REFERENCES

1.

Name Telephone Number

Address

2.

Name Telephone Number

Address

3.

Name Telephone Number

Address

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing, in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? ___ Yes ___ No

FOR PERSONNEL DEPARTMENT USE ONLY

Applicant Considered for Position of: _____ Date: _____

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, credit or medical history or limited criminal 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 and I agree that I shall be bound by the rules, policies, regulations and terms and conditions of employment of the city, 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 hereby authorize the city to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me or the value of property or money entrusted to me by, or owed by me to the firm during the course of my employment. I agree that these arrangements may only be altered in writing directed to me personally by the Mayor of the City of Salem, Indiana. I further agree that if I should bring any action or claim arising out of my employment against the city in which the city prevails, I will pay to the city any and all costs incurred by the city in defense of said claims or actions, including attorney 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.

Applicants Signature

Date

Witnessed By

Date

Note: This application will be kept current for six (6) months. You need to complete another to be considered after this date.