

Employment Application

TOWN OF INGALLS

The Town of Ingalls is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

This application for employment is good for 30 days only. Consideration for employment after 30 days requires a new application.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Position Applied For: _____ Full Time ___ Part Time ___

Date Available _____ Salary Desired _____ Phone Number _____

Social Security Number _____ Are you over 18 years old? ___ Yes ___ No

Are you legally eligible for employment in the United States? ___ Yes ___ No

(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Yrs Completed (circle one) 1 2 3 4

Diploma: ___ Yes ___ No **G.E.D.:** ___ Yes ___ No

School(s) _____ City/State _____

College and/or Vocational School: Number of Years Completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree/Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____

State of Indiana License Number _____

License Expiration Date _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

SKILLS:

Office: Data Entry: Excel Other(s): _____

Typewriter wpm Lotus 1, 2, 3 CRT Other: _____

Word Processing: WordPerfect MSWord Other: _____

Other Software Skills _____

Have you ever been previously employed by The Town of Ingalls? Yes No
If so, please state department name and dates of employment.

Department: _____ Position: _____

Dates: From: _____ To: _____

RECORD OF CONVICTION:

Have you ever been convicted of, pled guilty to, or entered into a pre-trial agreement or similar program with respect to a felony or misdemeanor other than a minor traffic offense? Yes No

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

EMPLOYMENT: List last employer first, including U.S. Military Service.

May we contact your present employer? Yes No
If any employment was under a different name, indicate name _____

Employer: _____

Address: _____ Telephone: _____

Position: _____

Dates of Employment: From _____ To _____ FT ___ PT ___ No. of Hrs. _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____

Reason for Leaving _____

Employer: _____

Address: _____ Telephone: _____

Position: _____

Dates of Employment: From _____ To _____ FT ___ PT ___ No. of Hrs. _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____

Reason for Leaving _____

Employer: _____

Address: _____ Telephone: _____

Position: _____

Dates of Employment: From _____ To _____ FT ___ PT ___ No. of Hrs. _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____

Reason for Leaving _____

REFERENCES:

Name _____

Name _____

Address _____

Address _____

Phone (____) _____

Phone (____) _____

Name _____

Name _____

Address _____

Address _____

Phone (____) _____

Phone (____) _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize The Town of Ingalls to verify their accuracy and to obtain reference information on my work performance. I hereby release The Town of Ingalls from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that Indiana law prohibits smoking and the use of any form of tobacco in or around County offices by employees, Department Heads, and Elected Officials. I further understand that I may be subject to penalties under Indiana law and also subject to disciplinary action up to and including termination of employment if I violate this policy.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____