



Application for Employment

Today's Date _____

Personal Information

Name _____ Cell Phone #: _____
 (Last) (First) (Middle) Email Address: _____

Address _____
 (Street) (City) (State) (Zip Code)

Are you 18 years of age or older? Yes No

Are you legally eligible to work in the United States? Yes No

Have you ever previously been employed by this Town? Yes No If yes, when? _____

Do you now or have you ever had a relative employed by this Town? Yes No
 If yes, who? _____

Can you perform the essential functions of the job with or without reasonable accommodation? Yes No

Have you ever been arrested or convicted of a crime that has not been expunged by a court?

Yes No If yes, please explain. _____

*Candidates selected for probable employment who are age 18 or older may be required to consent to a background check as a condition of employment.

Employment Desired

Position Desired: _____ Date Available to Work: _____
 (Please list the title of the position as posted and do not leave blank or list "any.")

Status Desired: Full-time _____ Part-time _____ Desired Hourly Rate/Base Salary: _____

Are you available to work:

Weekday/daytime hours? Yes _____ No _____ Weekday/evening hours? Yes _____ No _____

Saturday? Yes No Sunday afternoon? Yes No

Are you currently employed? Yes No

If so, may we contact your present employer? Yes No

Educational Information	Name and Location of School	# of years attended	Degree Received	Subjects Studied/Major
High School				
College or University				
Other (Technical/Trade School, Business School/Other				

APPLICANT'S PRINTED NAME: _____

Employment History: Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Attach additional sheets of paper if needed. *Incomplete information could disqualify you from further consideration.*

From: _____ To: _____
(Month/Year) (Month/Year)

Employer's Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Position/Title: _____ Part-time Full-time

Briefly Describe Duties: _____

Reason for Leaving: _____ Rate of Pay: _____

Supervisor's Name/Title: _____

From: _____ To: _____
(Month/Year) (Month/Year)

Employer's Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Position/Title: _____ Part-time Full-time

Briefly Describe Duties: _____

Reason for Leaving: _____ Rate of Pay: _____

Supervisor's Name/Title: _____

From: _____ To: _____
(Month/Year) (Month/Year)

Employer's Name: _____

Address: _____
(Street) (City) (State) (Zip Code)

Position/Title: _____ Part-time Full-time

Briefly Describe Duties: _____

Reason for Leaving: _____ Rate of Pay: _____

Supervisor's Name/Title: _____

APPLICANT'S PRINTED NAME: _____

Other Skills/Memberships and Affiliations

Do you have any special skills, volunteer experience and/or training that would enhance your ability to perform the position applied for?

Yes _____ No _____

If so, please explain:

Do you hold a license or professional certification? Yes _____ No _____

If so, please specify:

Do you participate in any professional associations that would enhance your ability to perform the position applied for?

Yes _____ No _____

If so, please explain:

References: Please give the names of three persons not related to you, and preferably who you have worked with/for and whom you have known at least 3 years.

<u>Name</u>	<u>Address/Phone/Email</u>	<u>Company Name</u>	<u>Years Known</u>

Please read carefully before signing.

The Town of Whitestown is an equal opportunity employer. The Town of Whitestown does not discriminate in employment on account of race, color, religion, sex (pregnancy, gender identity, and sexual orientation), national origin, age (40 and over), disability, genetic information as referenced in the Genetic Information Nondiscrimination Act (GINA), military service veteran status or any other protected class as defined by federal, state, and local laws. The Town of Whitestown will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes an obligation for the Town of Whitestown to hire me. If I am hired, I understand that either the Town of Whitestown or I may terminate employment at any time for any reason, with or without cause and without prior notice. I understand that no representative of the Town of Whitestown has the authority to make any assurance to the contrary. In addition, I understand that the Town of Whitestown utilizes the national E-Verify system to confirm my employment eligibility.

I attest with my signature below that I have given to the Town of Whitestown true and complete information on this application. No requested information has been concealed. I authorize the Town of Whitestown to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for denial of employment or immediate dismissal.

(Signature of Applicant)

(Date)

Note: Applications for employment will be kept on file for three-years from the date of completion.