



APPLICATION FOR EMPLOYMENT

CITY OF HUNTINGBURG

The City of Huntingburg is an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, disability, ancestry, religion, national origin and veteran status. . Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

Date_____

Name (First,MI,Last)_____

Present Address_____

Permanent Address_____

Phone#:_____ Email Address:_____

Are you eligible to work in the U.S._____ Are you 18 years of age or older?_____

Do you possess a valid driver's license?_____ Number_____ State_____

Have you ever been convicted of a felony?_____

EMPLOYMENT DESIRED

Position _____

Date available to start _____

Salary Desired _____

Are any of your relatives employed by the city? _____

If yes, then who and department _____

Have you applied to the City of Huntingburg before? _____

Have you ever been employed with the City of Huntingburg?

If yes, when and what department? _____

EDUCATION

	Name & Location of School	Years Completed	Degree Attained	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				
Other				

GENERAL

Subjects of special study or research work _____

Job related skills _____

Are you fluent in a foreign language? _____

If yes, then what? _____

EMPLOYMENT HISTORY List below your past employers, starting with your most recent one first. Your current employers will NOT be contacted without your permission.

Date Month & Year	Name, Address & Phone Number of Employer	Salary (upon leaving)	Position	Reason For Leaving	May We Contact
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					
From:					
To:					

*If you need additional space, you may write on an additional sheet of paper.

REFERENCES

List below three persons not related to you, whom you have known at least one year. References will be checked if you are selected for an employment offer.

Name	Address	Phone Number	Position	Years Acquainted
1.				
2.				
3.				

If you are to be hired by the City of Huntingburg, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application, application supplements, and accompanying resume, if any, are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the City.

I understand that any employment is conditioned on a background check. I authorize the City to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the city, without giving me prior notice of such disclosure. In addition, I release the City, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the City. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City unless made in writing.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or substance abuse test at any time deemed appropriate by the City and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the City the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and substance abuse test, and if I am hired a condition of my employment will be that I abide by the City's Substance Abuse Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the City to hire. If hired, I agree to abide by all City work rules, policies and procedures. The City retains the right to revise its policies or procedures, in whole or in part, at any time. This application remains valid for ninety (90) days from the date below.

Date: _____

Signature: _____