

APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY AND WRITE CLEARLY

FEDERAL AND STATE LAWS PROHIBIT DISCRIMINATION
IN EMPLOYMENT BECAUSE OF RACE, COLOR, CREED, AGE, SEX,
MARITAL STATUS, NATIONAL ORIGIN, PHYSICAL OR MENTAL IMPAIRMENT
OR MEDICAL CONDITION.

CITY OF RENSSELAER

124 S VAN RENSSELAER ST

RENSSELAER, IN. 47978

219-866-5212

(Last Name)	(First Name)	(Middle Name)	Date
Street Address	City	State	Zip Code
Phone Number	Email		

POSITION DESIRED _____ When will you be available to begin work _____

Department Preference: <input type="checkbox"/> Street <input type="checkbox"/> Water <input type="checkbox"/> Electric <input type="checkbox"/> Office <input type="checkbox"/> Sanitation <input type="checkbox"/> Sewage <input type="checkbox"/> Gas <input type="checkbox"/> Park <input type="checkbox"/> Other: _____

Have you worked for the City of Rensselaer before? ☐ Yes ☐ No If yes, From _____ to _____

Have you worked for the City of Rensselaer under another name? ☐ Yes ☐ No If yes, what name _____

Schedule Desired: ☐ Full-Time ☐ Part-Time ☐ Seasonal (Summer)

Are you willing to work Overtime? ☐ Yes ☐ No

*** EQUAL OPPORTUNITY EMPLOYER ***

Do you have a valid driver's license? ☐ Yes ☐ No License Type _____ State _____ Number _____

Are you over 18 years of age? ☐ Yes ☐ No

Have you since the age of 18, been convicted of a felony? ☐ Yes ☐ No

If yes, explain – Give Dates: _____

(The requested information will not be used to discriminate against you, nor constitute an automatic bar in the employment process)

CITIZENSHIP Are you either a United States Citizen or an Alien who has the legal right to work in the job for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No PERSUANT TO THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, ALL APPLICANTS, UPON EMPLOYMENT MUST PRODUCE DOCUMENTS, WHICH ARE SPECIFIED BY THE FEDERAL GOVERNMENT, ESTABLISHING THEIR IDENTITY AND AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES. THESE DOCUMENTS MUST BE PRODUCED NO LATER THAN 72 HOURS AFTER COMMENCEMENT OF EMPLOYMENT. YOU WILL ALSO BE REQUIRED TO SIGN THE FORM I-9 (FEDERAL GOVERNMENT DOCUMENT), VERIFYING, UNDER OATH, YOUR EMPLOYMENT AUTHORIZATION.	U.S. MILITARY SERVICE Have you served in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No List of job-related skills or experience: _____ _____ _____ Do you have military obligations (active-duty, reserve, national guard, etc.)? If so, please explain: _____ _____	STATEMENT OF HEALTH Can you safely perform the essential functions of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to take a physical examination and/or drug screening upon a conditional offer of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
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EDUCATION AND TRAINING

High School

Name	Location (City/State)	Year Graduated	Degree Earned

College/University

Name	Location (City/State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City/State)	Year Graduated	Degree Earned

JOB SKILLS/QUALIFICATIONS

Please list below the skills and/or qualifications you possess for the position for which you are applying:

PREVIOUS EMPLOYMENT – START WITH THE MOST RECENT EMPLOYER.

Name:	
Address:	
Phone:	
Supervisor:	
Dates Employed:	
Wage (Start/Last):	
Job Title/Description:	
Reason for Leaving:	

May we contact this employer? ☐ Yes ☐ No

Name:	
Address:	
Phone:	
Supervisor:	
Dates Employed:	
Wage (Start/Last):	
Job Title/Description:	
Reason for Leaving:	

May we contact this employer? ☐ Yes ☐ No

PREVIOUS EMPLOYMENT CONT.

Name:	
Address:	
Phone:	
Supervisor:	
Dates Employed:	
Wage (Start/Last):	
Job Title/Description:	
Reason for Leaving:	

May we contact this employer? ☐ Yes ☐ No

REFERENCES

Name	Occupation	Phone No.
1.		
2.		
3.		

AFFIDAVIT I certify the information provided on this application is true, correct and complete. I understand any misstatement or omission of fact on this application may result in rejection of the application or dismissal from employment.

I understand the receipt of this application does not imply I will be employed. If hired: My employment will be at-will and may be terminated with or without cause and with or without notice at any time. I further understand that any offer or employment may be contingent upon my passing a drug screening procedure and any prescribed physical examination. In addition, should my employer be or become subject to the conditions of the Drug-Free Workplace Act of 1988, I agree to abide by such established policies as relates thereto.

I understand that investigative background inquires are to be made on me including consumer credit, criminal convictions, motor vehicle and other reports. These reports will include information as to my character, work habits, performance, education and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the City of Rensselaer will be requesting information from various Federal, State and other agencies which maintain records concerning my past activities relating to driving, credit, criminal, civil and any other experiences.

I authorize without reservation, any party or agency contacted, to furnish the above information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information by the City of Rensselaer and/or their agents. This authorization and consent shall be valid in original or copy form.

Applicant Signature

Date

**** EMPLOYER'S ONLY ****

REFERNCE CHECK

Person Contacted	Results
1.	
2.	
3.	

Interviewed by:	Date:
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Comments:

Position/Job Title	Department	Rate	Start Date	Superintendent