

CITY OF RENSSELAER

P.O. Box 280
Rensselaer, IN 47978

APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY – WRITE CLEARLY – ANSWER ALL QUESTIONS

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.

(Last Name)	(First Name)	(Middle Name)	Application Date
Current Address (Number & Street)		Home Phone	Phone Number for Message
City, State, Zip			

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

Department Preference: ☐ Street ☐ Water ☐ Electric ☐ Office ☐ Sanitation
☐ Sewage ☐ Gas ☐ Park ☐ Other _____

Have you worked for us before? ☐ Yes ☐ No If Yes, From (MMDDYY) _____ to _____

Have you worked for us before under another Name? ☐ Yes ☐ No If Yes, State Name _____

Will you accept part time work? ☐ Yes ☐ No Will you accept temporary work? ☐ Yes ☐ No Will you work overtime if asked? ☐ Yes ☐ No

AN EQUAL OPPORTUNITY EMPLOYER

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

Are you over 18 years of Age? ☐ Yes ☐ No If not, employment is subject to verification of age.

Have you since the age of 18, ever 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?

☐ Yes ☐ No

PERSUANT TO THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, ALL APPLICANTS, UPON BEING MADE AN OFFER OF 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 SEVENTY-TWO (72) HOURS AFTER COMMENCEMENT OF EMPLOYMENT. YOU WILL ALSO BE REQUIRED TO SIGN FORM I-9 (ISSUED BY THE FEDERAL GOVERNMENT) VERIFYING, UNDER OATH, YOUR EMPLOYMENT AUTHORIZATION.

U.S. MILITARY SERVICE

Have you served in the U.S. Military?

☐ Yes ☐ No

Please list job-related skills or experience.

Do you have any military obligations (active duty, reserve, national guard, etc.)? If so, please explain briefly.

STATEMENT OF HEALTH

Can you perform the essential functions of the position for which you are applying safely?

☐ Yes ☐ No (If you need more information concerning job duties to answer this question, please inquire.)

Are you willing to take a physical examination and/or drug test upon a conditional offer of employment?

☐ Yes ☐ No

EDUCATION AND TRAINING

Complete Name & Address of School

Academic Major

No. of Years
Completed

Did You
Graduate?

Degree or
Diploma

High School

Business/Trade/Technical School

College

List any skills, abilities or experience you possess that may have a direct bearing on the job which you are seeking (welding, foreign languages, equipment operation, typing, office machines, computer, etc).

PLEASE GIVE A COMPLETE RECORD OF ALL EMPLOYMENT. START WITH MOST RECENT EMPLOYER.

EMPLOYMENT HISTORY

EMPLOYER:

Address: _____
City: _____ State: _____ Zip: _____

Supervisor: _____

State Job Title and Describe Duties: _____

EMPLOYER:

Address: _____
City: _____ State: _____ Zip: _____

Supervisor: _____

State Job Title and Describe Duties: _____

EMPLOYER

Address: _____
City: _____ State: _____ Zip: _____

Supervisor: _____

State Job Title and Describe Duties: _____

EMPLOYER:

Address: _____
City: _____ State: _____ Zip: _____

Supervisor: _____

State Job Title and Describe Duties: _____

Telephone Number

Employed From: ____/____/____ to ____/____/____
Month/Year Month/Year

(SALARY) Start \$ _____ Last \$ _____

Reason for Leaving _____

Telephone Number

Employed From: ____/____/____ to ____/____/____
Month/Year Month/Year

(SALARY) Start \$ _____ Last \$ _____

Reason for Leaving _____

Telephone Number

Employed From: ____/____/____ to ____/____/____
Month/Year Month/Year

(SALARY) Start \$ _____ Last \$ _____

Reason for Leaving _____

Telephone Number

Employed From: ____/____/____ to ____/____/____
Month/Year Month/Year

(SALARY) Start \$ _____ Last \$ _____

Reason for Leaving _____

We May Contact The Employers Listed Above For a Reference Unless You Indicate Those You DO NOT Want Us To Contact.

Please give name(s) of persons we may contact to verify your qualifications for the position. DO NOT LIST RELATIVES.

REFERENCES	Name	Occupation	Organization
		Phone	Address
	Name	Occupation	Organization
		Phone	Address
	Name	Occupation	Organization
		Phone	Address

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

I understand that 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 of 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 further understand that if I presently reside outside the city limits, I will be allowed up to one (1) year from the date of hire to relocate, at most, within six (6) miles of the city limits.

If you decide to engage an investigative consumer report or law enforcement agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report. I further grant permission, my cooperation, and release of liability for the investigation of any information included in this application and general information about my character, general reputation and personal characteristics.

Signed _____ Date _____

*****FOR EMPLOYER'S USE ONLY*****

REFERENCE CHECK	Person Contacted: _____	Results: _____
	Person Contacted: _____	Results: _____
	Person Contacted: _____	Results: _____
	Other Comments: _____	

INTERVIEW COMMENTS AND RESULTS	Interviewed By: _____	Date of Interview: _____									
	Comments: _____										

<table border="1"> <tr> <th>Position/Title</th> <th>Department</th> <th>Rate</th> <th>Start Date</th> <th>Supervisor</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		Position/Title	Department	Rate	Start Date	Supervisor					
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