

CITY OF GREENCASTLE
EMPLOYMENT APPLICATION
AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him/herself in a manner that reflects favorably upon the organization and to recognize that he/she is subject to additional public scrutiny in his/her public and personal lives.

PLEASE PRINT IN BLUE OR BLACK INK

NAME (AS IT APPEARS ON YOUR SOCIAL SECURITY/WORK PERMIT CARD):	FIRST	MI	LAST
ADDRESS:			
CITY, STATE, ZIP:			
HOME TELEPHONE:			
CELL PHONE:			
E-MAIL:			
ARE YOU AT LEAST 18 YEARS OLD?	YES	NO	
OTHER NAMES YOU HAVE USED:			
WAGE/SALARY REQUIREMENTS:	HOURLY:		ANNUAL:
REFERRED FOR THIS POSITION BY:			
DATE AVAILABLE (mm/dd/yyyy):			
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION?	YES	NO	
IF YES, PROVIDE DATES EMPLOYED, DEPARTMENT, SUPERVISOR AND REASON FOR LEAVING:			
HAVE YOU EVER BEEN CONVICTED OF A CRIME?	YES	NO	
(DO NOT INCLUDE ANY CONVICTIONS THAT HAVE BEEN EXPUNGED)			
IF YES, GIVE LOCATION, DATE, CHARGE AND DISPOSITION OF CASE(S) HERE OR ON A SEPARATE PAGE:			

U.S. MILITARY SERVICE

IF YOU HAVE SERVED IN THE U.S. MILITARY, PLEASE PROVIDE THE FOLLOWING INFORMATION:			
BRANCH OF SERVICE:			
DATES SERVED (mm/dd/yyyy):	FROM:		TO:
TYPE OF DISCHARGE:			

EDUCATION

HIGH SCHOOL

PROVIDE NAME, CITY AND STATE:

YEARS COMPLETED: DIPLOMA: YES: NO:

COMMUNITY COLLEGE – ATTACH A SEPARATE SHEET LISTING ANY NON-DEGREE CERTIFICATIONS EARNED

PROVIDE NAME, CITY, AND STATE:

YEARS COMPLETED: MAJOR: DEGREE:

BUSINESS OR TRADE SCHOOL – ATTACH A SEPARATE SHEET LISTING ANY NON-DEGREE CERTIFICATIONS EARNED

PROVIDE NAME, CITY AND STATE:

YEARS COMPLETED: MAJOR: DEGREE:

COLLEGE OR UNIVERSITY

PROVIDE NAME, CITY AND STATE:

YEARS COMPLETED: MAJOR: DEGREE:

GRADUATE SCHOOL

PROVIDE NAME, CITY AND STATE:

YEARS COMPLETED: MAJOR: DEGREE:

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	NAME OF SOFTWARE	YOUR PROFICIENCY WITH THE SOFTWARE		
WORD PROCESSING		SKILLED	COMPETENT	FAMILIAR
SPREADSHEET		SKILLED	COMPETENT	FAMILIAR
DATABASE		SKILLED	COMPETENT	FAMILIAR
OTHER		SKILLED	COMPETENT	FAMILIAR

ADD ADDITIONAL SHEETS TO PROVIDE INFORMATION ON ANY SPECIALIZED COMPUTER SOFTWARE SKILLS

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES & CERTIFICATIONS LIST JOB RELATED LICENSES AND CERTIFICATIONS	DATE ISSUED (mm/dd/yyyy)	REGISTRATION NUMBER	STATE	EXPIRES (mm/dd/yyyy)

PROFESSIONAL, SCHOLASTIC AND OTHER ORGANIZATIONS (JOB RELATED) EXCLUDE MEMBERSHIPS THAT INDICATE YOUR RACE, RELIGION, COLOR, ANCESTRY, SEX, AGE, DISABILITY OR VETERAN STATUS	NAME	DATES

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	SKILLS DERIVED FROM COURSE

ADD ADDITIONAL SHEETS IF NECESSARY TO INCLUDE ALL JOB RELATED TRAINING AND COURSEWORK EARNED

EMPLOYMENT HISTORY: BEGINNING WITH YOUR CURRENT OR MOST RECENT JOB, LIST YOUR WORK HISTORY FOR THE PAST TEN YEARS. INCLUDE PART-TIME, SEASONAL, TEMPORARY AND ALL PERIODS OF UNEMPLOMENT. FOR DATES EMPLOYED USE THE FORMAT mm/yyyy. BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS.

DATES WORKED (mm/yyyy):		FROM:		TO:	
FINAL WAGE/SALARY:		HOURLY:		WEEKLY:	ANNUAL:
NAME AND ADDRESS OF EMPLOYER:					
EMPLOYER'S PHONE NUMBER:					
JOB POSITON OR TITLE:					
DESCRIPTION OF DUTIES:					
NAME OF SUPERVISOR:				PHONE NUMBER:	
NAME OF CO-WORKER:				PHONE NUMBER – IF KNOWN:	
NAME OF CO-WORKER:				PHONE NUMBER – IF KNOWN:	
REASON FOR LEAVING:					
BASE WAGE/SALARY:		HOURLY:		WEEKLY:	ANNUAL:
OTHER COMPENSATIONS OR BONUSES:					

DATES WORKED (mm/yyyy):		FROM:		TO:	
FINAL SALARY/WAGE:		HOURLY:		WEEKLY:	ANNUAL:
NAME AND ADDRESS OF EMPLOYER:					
EMPLOYER'S PHONE NUMBER:					
JOB POSITON OR TITLE:					
DESCRIPTION OF DUTIES:					
NAME OF SUPERVISOR:				PHONE NUMBER:	
NAME OF CO-WORKER:				PHONE NUMBER – IF KNOWN:	
NAME OF CO-WORKER:				PHONE NUMBER – IF KNOWN:	
REASON FOR LEAVING:					
BASE WAGE/SALARY:		HOURLY:		WEEKLY:	ANNUAL:
OTHER COMPENSATIONS OR BONUSES:					

DATES WORKED (mm/yyyy):		FROM:		TO:	
FINAL SALARY/WAGE:		HOURLY:		WEEKLY:	ANNUAL:
NAME AND ADDRESS OF EMPLOYER:					
EMPLOYER'S PHONE NUMBER:					
JOB POSITON OR TITLE:					
DESCRIPTION OF DUTIES:					
NAME OF SUPERVISOR:				PHONE NUMBER:	
NAME OF CO-WORKER:				PHONE NUMBER – IF KNOWN:	
NAME OF CO-WORKER:				PHONE NUMBER – IF KNOWN:	
REASON FOR LEAVING:					
BASE WAGE/SALARY:		HOURLY:		WEEKLY:	ANNUAL:
OTHER COMPENSATIONS OR BONUSES:					

NOTICE: STOP

PLEASE MAKE SURE YOU HAVE MADE AS MANY ADDITIONAL COPIES OF THE FOLLOWING PAGE AS YOU WILL NEED TO LIST ALL OF YOUR JOBS. DO NOT CONTINUE UNLESS YOU ARE SURE YOU HAVE ENOUGH COPIES.

(THIS PAGE IS TO BE COPIED FOR RECORDING ADDITIONAL EMPLOYMENT INFORMATION)

DATES WORKED (mm/yyyy):	FROM:		TO:			
FINAL WAGE/SALARY:	HOURLY:		WEEKLY:		ANNUAL:	
NAME AND ADDRESS OF EMPLOYER:						
EMPLOYER'S PHONE NUMBER:						
JOB POSITION OR TITLE:						
DESCRIPTION OF DUTIES:						
NAME OF SUPERVISOR:		PHONE NUMBER:				
NAME OF CO-WORKER:		PHONE NUMBER – IF KNOWN:				
NAME OF CO-WORKER:		PHONE NUMBER – IF KNOWN:				
REASON FOR LEAVING:						
BASE WAGE/SALARY:	HOURLY:		WEEKLY:		ANNUAL:	
OTHER COMPENSATIONS OR BONUSES:						

DATES WORKED (mm/yyyy):	FROM:		TO:			
FINAL WAGE/SALARY:	HOURLY:		WEEKLY:		ANNUAL:	
NAME AND ADDRESS OF EMPLOYER:						
EMPLOYER'S PHONE NUMBER:						
JOB POSITION OR TITLE:						
DESCRIPTION OF DUTIES:						
NAME OF SUPERVISOR:		PHONE NUMBER:				
NAME OF CO-WORKER:		PHONE NUMBER – IF KNOWN:				
NAME OF CO-WORKER:		PHONE NUMBER – IF KNOWN:				
REASON FOR LEAVING:						
BASE WAGE/SALARY:	HOURLY:		WEEKLY:		ANNUAL:	
OTHER COMPENSATIONS OR BONUSES:						

DATES WORKED (mm/yyyy):	FROM:		TO:			
FINAL WAGE/SALARY:	HOURLY:		WEEKLY:		ANNUAL:	
NAME & ADDRESS OF EMPLOYER:						
EMPLOYER'S PHONE NUMBER:						
JOB POSITION OR TITLE:						
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NAME OF SUPERVISOR:		PHONE NUMBER:				
NAME OF CO-WORKER:		PHONE NUMBER – IF KNOWN:				
NAME OF CO-WORKER:		PHONE NUMBER – IF KNOWN:				
REASON FOR LEAVING:						
BASE WAGE/SALARY:	HOURLY:		WEEKLY:		ANNUAL:	
OTHER COMPENSATIONS OR BONUSES:						

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY
PLEASE USE THIS SPACE TO EXPLAIN EMPLOYMENT HISTORY INTERRUPTIONS SINCE HIGH SCHOOL THAT DO NOT PERTAIN TO PREGNANCY, CHILD CARE, DISABILITY OR ANY OTHER PROTECTED ACTIVITY.

REFERENCES			
DO NOT INCLUDE RELATIVES, FORMER EMPLOYERS, OR PERSONS LIVING OUTSIDE THE UNITED STATES. LIST ONLY REFERENCES THAT HAVE A DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FIT FOR THE POSITION FOR WHICH YOU ARE APPLYING. DO NOT REPEAT THE NAMES OF SUPERVISORS LISTED IN THE EMPLOYMENT SECTION OF THIS APPLICATION.			
NAME	YEARS KNOWN	ADDRESS	PHONE

EMERGENCY CONTACT	
NAME:	
RELATIONSHIP:	
ADDRESS:	
HOME PHONE:	
CITY, STATE, ZIP:	
BUSINESS PHONE:	

**RETURN THIS COMPLETED APPLICATION, ANY ATTACHMENTS, AND
 THE SIGNED AUTHORIZATION AND AGREEMENT TO:
 CITY OF GREENCASTLE
 PO BOX 607 1 NORTH LOCUST STREET
 GREENCASTLE, IN 46135
 OR VIA E-MAIL TO: employment@cityofgreencastle.com**

AUTHORIZATION AND AGREEMENT

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

As an employer, this organization is subject to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. Applicants who believe they are covered by these Acts are invited to identify their disabilities and special accommodations they feel are necessary to adequately perform their jobs. Submission of this information is strictly voluntary and may be made known to the Human Resource Manager.

I certify the information provided in the application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand and agree that if I am applying for a law enforcement position, I will be required to comply with all requirements of the Peace Officer Standards and Training Board (or equivalent agency) required by the state. I further understand that any offer of employment is conditioned upon completing all those tests, including physical agility, to determine my fitness for this position.

I understand that acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by the organization at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS

SIGNATURE OF APPLICANT: _____ DATE: ____/____/____

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