



## 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? \_\_\_\_\_

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 Walkerton is an equal opportunity employer. The Town of Walkerton does not discriminate in employment opportunities or practices on the basis 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 characteristic protected by federal, state and local laws.

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 Walkerton to hire me. If I am hired, I understand that either the Town of Walkerton 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 Walkerton has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to the Town of Walkerton true and complete information on this application. No requested information has been concealed. I authorize the Town of Walkerton 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 one year from the date of completion.

TOWN OF WALKERTON  
301 Michigan Street Walkerton, IN 46574  
574-586-3711

GENERAL AUTHORIZATION FOR RELEASE AND WAIVER

I hereby authorize any and all schools, physicians, hospitals, Armed Services, current and all previous employers, law enforcement agencies, or any other person or organizations or agency to furnish the TOWN OF WALKERTON or its designated agent(s), any and all information, opinions, or documents which may be requested; to allow visual inspection and copy of all reports, photographs, or other documents.

I hereby waive any objection to the release of said information and grant to the TOWN OF WALKERTON or its said agent(s) any right I may have to said information. Further I hereby release all of the above, the Town of Walkerton and its agent(s) from all liability for any damage whatsoever arising therefrom.

I also authorize investigation of all statements made in my application for employment. I understand that in the event of my employment with the Town of Walkerton, I shall be subject to dismissal if any of the information I have given in this application is false, or if I have failed to give any material information herein requested.

Must be signed in presence of Notary

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Subscribed and sworn to and before me, \_\_\_\_\_ Notary Public,  
(Notary name printed)

Resident of \_\_\_\_\_ County, Indiana on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

My Commission Expires:

\_\_\_\_\_

\_\_\_\_\_

(Signature of Notary Public)

(SEAL)