

Town of Whitestown

Employment Application



PERSONAL INFORMATION			
Full Name			Date
Current Mailing Address			
Home Phone		Mobile Phone	
E-Mail Address			
Referred By			

EMPLOYMENT INFORMATION				
Position You Are Applying For				
Date Available to Begin		Expected Wage		
Type of Employment Desired	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION				
High School Name	City/State	Highest Year Completed	Degree/Diploma	Major/Minor
		<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4		
College/Trade School Name	City/State	Highest Year Completed	Degree	Major/Minor
		<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4+		
Graduate School Name	City/State	Highest Year Completed	Degree	Major/Minor
		<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4+		
List your current licenses/certifications that are relevant to this position <i>(We may request copies)</i>				
List any training you attended that is relevant to this position				
List your skills and/or qualifications that are relevant to this position				

GENERAL INFORMATION

Have you ever been employed by the Town of Whitestown?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give dates of employment	From:	To:
Do you have any friends or family who are currently employed by the Town of Whitestown?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what are their names?		
Are you less than 18 years old? <i>(We may require proof of age after making a job offer)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony or misdemeanor? <i>(Please do not disclose convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, state each crime, court, city/state, and sentence.				
Have you ever been terminated, asked to resign from employment, or resigned from employment instead of termination?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain.				

WORK EXPERIENCE *(Please list your current or most recent employer first)*

COMPANY #1				
Address				
Position		Dates of Employment	Starting:	Ending:
Supervisor's Name		Telephone Number		
Description				
Reason for Leaving				
Permission to Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pay	Starting:	Ending:
COMPANY #2				
Address				
Position		Dates of Employment	Starting:	Ending:
Supervisor's Name		Telephone Number		
Description				
Reason for Leaving				
Permission to Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pay	Starting:	Ending:

COMPANY #3			
Address			
Position	Dates of Employment	Starting:	Ending:
Supervisor's Name	Telephone Number		
Description			
Reason for Leaving			
Permission to Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pay	Starting: Ending:

WORK REFERENCES <i>(Please provide three work-related references, preferably past supervisors/managers.)</i>			
Reference 1	Name	Title	
	Company/Organization	Years Known	Nature of Acquaintance
Reference 2	Name	Title	
	Company/Organization	Years Known	Nature of Acquaintance
Reference 3	Name	Title	
	Company/Organization	Years Known	Nature of Acquaintance

TERMS AND CONDITIONS OF APPLICATION AND EMPLOYMENT

I hereby certify that the information provided on this application is true and complete. I understand and agree that any falsification or significant omissions on this application may result in not being hired or, if found out after employment, may be grounds for dismissal. I understand and agree that under the terms of employment with the Town of Whitestown, the employment relationship is terminable "at will" without notice or cause, unless set out in writing, dated, and executed by both parties. I understand that neither this document nor any offer of employment from the Town of Whitestown constitutes an employment contract.

I understand that any offer of employment may be contingent upon my ability to comply with USCIS regulations establishing my identity and right to work in the United States. I understand that the Town of Whitestown is an Equal Employment Opportunity employer. The Town of Whitestown recruits and hires persons in all job titles without regard to race, sex, age, color, religion, national origin, disability, or other lawfully protected classes.

I hereby authorize the Town of Whitestown to investigate fully all information contained in this employment application and to investigate and compile any other information that may bear upon my suitability for employment. I further authorize my past and present employers to furnish the Town of Whitestown with my records of employment and the reasons for my separation and any and all information those employers may possess concerning me. I further release the Town of Whitestown and/or its agents to make an independent investigation of criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application. I release the Town of Whitestown from liability or damages for compiling such information. Additionally, I release any organization that provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above-referenced sources used. Further, I understand that this application will be considered active for a period of ninety days. I have read and understand the foregoing statements and accept the same as conditions of employment.

Applicant Signature	Date