

# Application For Employment TOWN OF EVANSVILLE

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		

If you are under 18 years of age, can you provide required proof of your eligibility to work? \_\_\_ Yes \_\_\_ No

Have you ever filed an application with us before? \_\_\_ Yes \_\_\_ No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? \_\_\_ Yes \_\_\_ No  
If Yes, give date \_\_\_\_\_

Are you currently employed? \_\_\_ Yes \_\_\_ No

May we contact your present employer? \_\_\_ Yes \_\_\_ No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? \_\_\_ Yes \_\_\_ No  
(Proof of citizenship or immigration will be required upon Employment)

On what date would you be available for work? \_\_\_\_\_

Are you available to work: \_\_\_ Full Time \_\_\_ Part Time \_\_\_ Shift Work \_\_\_ Temporary

Are you currently on "lay-off" status and subject to recall? \_\_\_ Yes \_\_\_ No

Can you travel if a job requires it? \_\_\_ Yes \_\_\_ No

Have you been convicted of a felony? \_\_\_ Yes \_\_\_ No

(conviction will not necessarily disqualify an applicant from employment)

If Yes, please explain \_\_\_\_\_

Have you been cited for a moving traffic violation in the last 5 years? \_\_\_ Yes \_\_\_ No

If Yes, please explain \_\_\_\_\_

# Education

	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	

List professional, trade, business or civic activities and offices held.

*You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:*

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## References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you ever had any job-related training in the United States military?

Yes  No

If Yes, please describe \_\_\_\_\_

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Are you physically or otherwise unable to perform the duties of the job for which you are applying?

Yes  No

### Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
	Address		From	To	
	Telephone Number(s)		Hourly Rate/Salary		
	Job Title	Supervisor	Starting	Final	
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

AUTHORIZATION TO RELEASE INFORMATION

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am an applicant for a position with the \_\_\_\_\_  
\_\_\_\_\_. I am required to furnish information which this agency may use in determining my moral, physical, mental, and financial qualifications. In this connection, I hereby expressly authorize release of any and all information which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the agency with which I am seeking employment and any organization, company, institution, or person furnishing information to the agency as expressly authorized above, from any liability for damage which may result from furnishing the information requested.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT FULL NAME: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

Mailing / Physical

City

State

Zip

BIRTH DATE: \_\_\_\_\_

Month

Day

Year