APPLICATION FOR EMPLOYMENT

City of Shelbyville

44 W. Washington St.

Shelbyville, IN 46176

PLEASE PRINT

Position(s) Applied For: _____ Date: _____

Name: _____

Address: _____

Phone #: _____

If you are under 18 years of age, can you furnish a work permit? Yes No

Have you ever been employed by the City of Shelbyville before? Yes No

Are you legally eligible for employment in the country? Yes No

Date available for work: _____

Type of employment desired:

_____Full Time _____ Part Time _____Temporary _____Seasonal

Are you able to meet the attendance requirements of the position? _____ Yes _____ No

Have you been convicted of a felony in the last seven (7) years? _____ Yes _____ No

If yes, please explain: _____

_____

Driver's License #: _____ State: _____

EMPLOYMENT HISTORY

***LIST YOUR LAST FOUR (4) EMPLOYERS, MILITARY ACTIVITY, OR VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT**

EMPLOYER: _____ PHONE#: _____

ADDRESS: _____

JOB TITLE: _____ DATES EMPLOYED: _____

SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:

_____

_____

IMMEDIATE SUPERVISOR & TITLE: _____

REASON FOR LEAVING: _____

_____

HOURLY RATE/SALARY- STARTING PAY$: _____PER/_____

FINAL PAY$: _____PER/_____

EMPLOYER: _____ PHONE#: _____

ADDRESS: _____

JOB TITLE: _____ DATES EMPLOYED: _____

SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES:

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REASON FOR LEAVING: _____

_____

HOURLY RATE/SALARY- STARTING PAY$: _____ PER/_____

FINAL PAY$: _____ PER/_____

Additional BACKGROUND

*LIST THE NAME, LOCATION, YEARS COMPLETED, COURSE OF STUDY, AND GRADUATION DATE

HIGH SCHOOL: _____

YEARS COMPLETED: _____ YEAR GRADUATED: _____

COURSE OF STUDY: _____

COLLEGE: _____

YEARS COMPLETED: _____ YEAR GRADUATED: _____

COURSE OF STUDY: _____

REFERENCES:

NAME: _____ PHONE#: _____ YEARS KNOWN: _____

NAME: _____ PHONE#: _____ YEARS KNOWN: _____

NAME: _____ PHONE#: _____ YEARS KNOWN: _____

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause of cancellation of this application and/or separation for the Employer's service if I have been employed. I give the Employer the right to investigate all references and to secure additional information about me, if job related, I hereby release from liability the employer and its representatives for seeking such information, and all other persons, corporations, or organizations for furnishing such information. The Employer is an Equal Opportunity Employer limiting or excusing any applicant's consideration for employment on a bias prohibited by local, state, or federal law. I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

SIGNATURE OF APPLICANT:

_____ DATE: _____

****ALL APPLICATIONS MUST BE RETURNED TO THE PERSONNEL DIRECTOR AT 44 W. WASHINGTON ST.****