

TOWN OF SUNMAN, INDIANA APPLICATION FOR EMPLOYMENT

All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disability, medical condition, military or veteran status, genetic information, marital status, ethnicity, citizenship or immigration status or any other protected classification, in accordance with applicable federal, state, and local laws. By completing this application, you are seeking to join a team of hardworking professionals dedicated to consistently delivering outstanding service to our customers and contributing to the financial success of the organization, its clients, and its employees. Equal access to programs, services, and employment is available to all qualified persons. Those applicants requiring accommodation to complete the application and/or interview process should contact a management representative. Please print.

osition(s) Applied for		Date of Applicat	Date of Application	
Print Name (Last, First, & M	iddle)			
, ,	•			
Street Address		City	St	ate ZIP Code
Main Phone Number	Alternate Phone Number	Email		·
rst. Be sure to account for ditional page if necessary.	all periods of time. If self-en	nployed, give firm nam	e and supp	oly business referenc
			_	
Name of Employer		Supervisor		May we contact?
		Supervisor		May we contact? ☐ Yes ☐ No
		Supervisor		-
Name of Employer Street Address Phone Number		Supervisor Dates Employed (M]	-
Street Address			onth/Year)	-
Street Address		Dates Employed (M	onth/Year)	□ Yes □ No
Street Address Phone Number		Dates Employed (M	onth/Year)	□ Yes □ No
Street Address Phone Number		Dates Employed (M	onth/Year)	□ Yes □ No
Street Address Phone Number		Dates Employed (M	onth/Year)	□ Yes □ No
Street Address Phone Number		Dates Employed (M	onth/Year)	□ Yes □ No
Street Address Phone Number Job Title and Duties		Dates Employed (M From Reason for Leaving	onth/Year)	☐ Yes ☐ No
Street Address Phone Number		Dates Employed (M	onth/Year)	□ Yes □ No

Dates Employed (Month/Year)

Phone Number

From	То
Reason for Leaving	
Supervisor	May we contact?
	☐ Yes ☐ No
Dates Employed (Month/Yea	r)
From	То
Reason for Leaving	
ign from any job?	Yes □ No
	Reason for Leaving Supervisor Dates Employed (Month/Yea From Reason for Leaving

List any other experience, job related skills, equipment used, or other qualifications that you believe should be considered in evaluating your qualifications for employment.

EDUCATION						
	educational backgrounc	l in the table prov	vided below.			
	Calcal Name	Years	Diploma/	A 400 of	Ct. d. /N/aian	Specialized Training,
	School Name	Completed	Degree (Yes/No)	Area of	Study/Major	Skills, or Extra- Curricular Activities
High School						
College/ University						
Graduate/						
Professional School						
Trade School						
Other						
	ROFESSIONAL REFERENCES					
Name and Tit	essional references of ir le	Relationship	e not related to y	ou:	Phone Numbe	er or Email
PERSONAL REFER						
Name and Tit	ole who know you well: le	Relationship a	and Years Acquair	nted	Phone Numb	per or Email
GENERAL INFORM					1	
1. Have y	ou ever used another n	ame?	•••••			⊔ Yes ⊔ No

2.	•			•			name necessary to
		•	rk and educationa				⊔ Yes ⊔ No
	If yes to ei	ther of the abo	ove, provide the	additional in	formation:		
3.	Have you e	ver worked for t	this company befo	ore?			□ Yes □ No
	If yes, give	dates and pos	ition:				_
4.	On what da	ite are you avail	able to begin wor	·k?			
5.	Are you ava	ailable to work?	☐ Full-time ☐ P	art-time \Box	Shift Work	☐ Temporary	
6.	Days and ho	ours you are ava	ailable to work:				
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7.	If hired, wo	uld you have a r	reliable means of	transportation	to and from v	 work?	 □ Yes □ No
8.	Can you tra	vel if the position	on requires it?				□ Yes □ No
9.	Have you e	ver been convic	ted of a felony?				□ Yes □ No
10	•		, ermission for a cr				
	-		ermission for a pr	_			
	•	,	d?		•		
	•	•	subject to verifi				
13			idence of your id	•			
		, ,	e essential job fur	, -	-	•	
	•	•	n?	-			
							may be necessary for
		, ,	yees to perform e			The document of the tri	nay se necessary joi
	quangree ep	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
APPLIC	ANT STATEMEN	T AND A GREEMEN	т				
Read a	and initial eac	h paragraph bel	low. If there is an	ything that you	ı do not unde	rstand, please as	k.
	I horoby auth	orizo tho Town	of Sunman to the	roughly invoct	igato mu rofor	roncos work roce	ord, education and othe
	-				-		references I have liste
						•	records, without givin
-				•			rs and all other personing out of or in any wa
	-	estigation or disc		iy and an clain	ns, acmanas,	or nabilities aris	ing out or or in any we
	If I amaze in the	on all land the extension			. Laurano en 15	lan named 20	all miles and the first
	If I am emplo	byed by the Tow	ın ot Sunman, I ui	naerstand that	i am required	to comply with	all rules and regulatior
	If hired, I un	derstand and ag	gree that my emp	oloyment with	the Town of S	Sunman is at-will	l, and that neither I, no

the Town of Sunman is required to continue the employment relationship for any specific term. I further understand that

oral modifications.	e amended, modified, or altered in any way by any
I understand that safety of employees is extremely important to s committed to ensuring a safe working environment. I understand to prevent accidents and injuries by observing all safety procedures and supervisor. I understand and agree to comply with federal, state, and health.	hat I, and every employee, have a responsibility to guidelines and following the directions of my site
I hereby certify that the answers given by me are true and corchat I, the undersigned applicant, have personally completed this misstatement of material fact on this application or on any document rejection of this application or for immediate discharge if I am employed	application. I understand that any omission or t used to secure employment shall be grounds for
I understand that if I am selected for hire, it will be necessary for and legal authority to work in the United States, and that federal immit this regard.	· · · · · · · · · · · · · · · · · · ·
I understand that if any term, provision, or portion of this Agree severed and the remainder of this Agreement shall be enforceable.	ement is declared void or unenforceable, it shall be
MY SIGNATURE INDICATES THAT I HAVE READ, UNDERSTAND, AND A	GREED TO ALL OF THE ABOVE TERMS.
Signature:	
	Date:
	Date:
Name (print):	Date: Received Stamp
Name (print):	
Name (print): Office Use Only	