



Town of Ellettsville Employment Application

An Equal Opportunity Employer

The Town of Ellettsville, Indiana does not discriminate on the basis of race, color, gender, national origin, age, religion or disability in employment or the provision of services.

Please print and complete all sections of the application.

Are you a U. S. citizen or otherwise legally eligible to work in the United States?

Proof of eligibility to work in the U. S. will be required upon employment.

Yes

No

Position Applying For: _____

Are you interested in: Full-time Part-time Seasonal / temporary

On what date would you be available to work? _____

Full Legal Name: _____

Social Security Number (Optional): _____

Are you at least 18 years of age?

Yes

No

Address: _____

Home and/or Cell Phone Number(s): _____

Email (Optional): _____

Do you have a valid Driver's License?

Yes

No

Commercial Driver's License (CDL)?

Yes

No

Type: _____

Some positions do not require a driver's license. If you do not have a valid driver's license that will not necessarily disqualify an applicant from employment.

Driver's License Number: _____

Have you ever been employed by the Town of Ellettsville?

Yes

No

If yes, please provide date and department _____

Are you related to a current Town of Ellettsville employee?

Yes

No

Indiana law and Town policy disallow family members from working together in some circumstances.

If yes, please provide the following information regarding current employee:

Name: _____

Relationship: _____

Department: _____

Has your Driver's License been suspended or have you ever been convicted of, or entered a plea of guilty or no contest, or had a withheld judgement to a felony?

Yes No

A current charge or conviction will not necessarily disqualify an applicant from employment.

If yes, please explain:

Education

Description	Name and Location	Dates Attended	Degree / Major - Year Awarded and Professional Licensing (if applicable)
High School / GED			
Business / Trade School			
College			
Graduate / Professional			

Special Skills

List your special qualifications, skills, training, awards or accomplishments.

List any professional, trade, business, civic or other organizations that you belong to and offices held that you consider relevant to your ability to perform this job.

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

Yes No

If yes, please describe.

Employment History

1	Current / Most Recent Employer:	Phone Number(s):
	Address:	Employed (State month and year) From: To:
	Supervisor:	Weekly Pay Starting Pay: Ending Pay:
	List Job Title & Duties:	Reason for Leaving:

2	Previous Employer:	Phone Number:
	Address:	Employed (State month and year) From: To:
	Supervisor:	Weekly Pay Starting Pay: Ending Pay:
	List Job Title & Duties:	Reason for Leaving:

3	Previous Employer:	Phone Number:
	Address:	Employed (State month and year) From: To:
	Supervisor:	Weekly Pay Starting Pay: Ending Pay:
	List Job Title & Duties:	Reason for Leaving:

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT:
Employer Number(s)

Reason for not contacting:

References

Please give name, address and phone number of three references who are not related to you and are not previous supervisors.

Name & Occupation	Address	Phone Number

Applications will be screened after the closing date of the job posting. Applicants will be notified whether or not they will receive an interview.

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I certify that all information provided in this Application for Employment is true, accurate and complete. I understand that any misrepresentation or omission of facts is sufficient reason for rejection of this application or termination of subsequent employment regardless of the timing or circumstances of discovery. Except as indicated on page three of this application, I authorize the Town of Ellettsville to investigate all statements made on my application and release from liability former employers, institutions or persons providing such information to the Town.

I hereby authorize the Town of Ellettsville to conduct work history, personal reference or criminal history inquiries to determine my acceptability for employment.

I understand that, in connection with the routine processing of the employment application or when hiring for certain positions, the Town of Ellettsville will request and conduct a criminal background check.

I understand that acceptance of this application or an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Date:

Signature:

Date Received Application:
