

TOWN OF OWENSVILLE APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status. This application will be kept on file one year from the date of filing.

P E R S O N A L	Last Name First Middle		Social Security #
	Street Address		Home Telephone ()
	City, State, Zip		Other Telephone ()
	Position Desired		Pay Expected \$
	Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?		Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you available to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No		When will you be available to begin work?
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you have a valid Indiana Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDL		Date of Birth
	If hired, would you be able to submit to and pass a controlled substance test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you give consent to a background check?
	Have you ever been convicted of a misdemeanor or felony? If so, please explain <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of conviction
Other special training or skills (languages, machine operation, etc.)		Application Date	

E D U C A T I O N	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree or Diploma
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

R E F E R E N C E S	Name	Phone Number	Relationship	Years Known

<h1>EMPLOYMENT</h1>	PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER.
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1	Company Name	Telephone ()
	Address	Employed (month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone ()
	Address	Employed (month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone ()
	Address	Employed (month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone ()
	Address	Employed (month and year) From To
	Name of Supervisor	Weekly pay Start Last
	State Job Title and Describe Your Work	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 _____ _____

S I G N A T U R E	I hereby certify that all of the information provided by me in this application is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in these documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery, including after hire. I understand that submission of an application does not guarantee employment. I also understand that if offered a position with the Town of Owensville, I may be required to submit to a pre-employment drug screen and medical examination performed by a qualified health professional. I understand that unsatisfactory results from, refusal to cooperate with or any attempt to affect the results of a drug screen or medical examination my result in the withdrawal of any employment offer or termination
_____	_____
Date	Signature