



Town of St. John

LAKE COUNTY, INDIANA

APPLICATION FOR EMPLOYMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Please print or type. Be sure to save the completed application in PDF before emailing it as an attachment.

Date of Application: _____

What position(s) are you applying for? _____

Referral Source: Advertisement Friend Relative Walk-in
 Employment Agency Other: _____

Last Name: _____ First: _____ Middle: _____

Street Address: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Social Security Number: _____

Email Address: _____

If employed and you are under 18, can you furnish a work permit? Yes No Not Applicable

Have you 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 employed now? 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 status may 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 on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last seven (7) years? Yes No
(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain: _____

Are you a Veteran of U.S. Military Service? Yes No If yes, what branch? _____

Indicate the languages you speak, read and/or write.

LANGUAGES	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business and civic activities and offices held. (You may exclude those which indicate race, color, religion, sex or national origin.)

Give the name, address and phone number of three (3) references who are not related to you and are not previous employers.

REFERENCE NAME	ADDRESS	PHONE NUMBER

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed: _____

(If submitting this application by email, type your full name in place of handwritten signature.)

EMPLOYMENT EXPERIENCE

List up to four (4) employers starting with your present or last job. Include military service assignments and volunteer activities. *Exclude organization names which indicate race, color, religion, sex or national origin. *If you need additional space, please continue on a separate sheet of paper.*

Employer*:	Start Date	End Date	Work Performed
Address:			
Job Title:			
Supervisor:	Hourly Rate/Salary		
Phone:	\$	\$	
Reason For Leaving:			

Employer*:	Start Date	End Date	Work Performed
Address:			
Job Title:			
Supervisor:	Hourly Rate/Salary		
Phone:	\$	\$	
Reason For Leaving:			

Employer*:	Start Date	End Date	Work Performed
Address:			
Job Title:			
Supervisor:	Hourly Rate/Salary		
Phone:	\$	\$	
Reason For Leaving:			

Employer*:	Start Date	End Date	Work Performed
Address:			
Job Title:			
Supervisor:	Hourly Rate/Salary		
Phone:	\$	\$	
Reason For Leaving:			

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience:

EDUCATION

EDUCATION	Elementary	High School	College / University	Graduate / Professional
School Name:				
Years Completed:				
Diploma / Degree:				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills and Extracurricular Activities:				
Honors Received:				

State any additional information you feel may be helpful to us in considering your application:

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. I understand that this application is not intended to be a contract of employment.

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

Signature of Applicant: _____ Date: _____
(If submitting this application by email, type your full name in place of handwritten signature.)

FOR PERSONNEL OFFICE USE ONLY

Arrange Interview: Yes No

Remarks: _____

Interviewer: _____ Date: _____

Employed: Yes No Date of Employment: _____ Hourly Rate/Salary: _____

Job Title: _____ Department: _____

By: Name: _____ Title: _____ Date: _____

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Date Record below. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(Please Print)

Date: _____

What position(s) are you applying for? _____

Referral Source: Advertisement Friend Relative Walk-in
 Employment Agency Other: _____

Last Name: _____ First: _____ Middle: _____

Street Address: _____ PO Box: _____

City: _____ State: _____ Zip: _____

AFFIRMATIVE ACTION SURVEY

Check One (1): Male Female

Check One (1) of the following: Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable: Vietnam Era Veteran Disabled Veteran
 Handicapped Individual

FOR PERSONNEL OFFICE USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

By: Name: _____ Title: _____ Date: _____

Notes: _____