



Town of Sellersburg

EMPLOYMENT APPLICATION

Applicant Name

The Town of Sellersburg considers applicants for all positions without regards to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non job-related medical condition or disability, or any other legally protected status.

**TOWN OF
SELLERSBURG**
AN EQUAL OPPORTUNITY EMPLOYER

MUNICIPAL WORKS DEPARTMENT
103 South New Albany Street
Sellersburg, IN 47172

APPLICATION FOR EMPLOYMENT

Position applied for

Application Date

Date Available

Minimum acceptable salary

Regular Full Time Regular Part Time Temporary Part Time Temporary Full Time

NOTE: Copies of diploma(s) or college transcript(s) must be included with this application if applicable for position applying for.

PERSONAL	Name (Last, first, middle) (<i>Proof of identity will be required upon employment</i>)		Social Security Number	
	Are you authorized to work in the U.S. on an unrestricted basis? (<i>Proof of citizenship or immigration status will be required upon employment</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Address (Street & number or P.O. Box, City, State, Zip code)		Phone (Area code and number)	
			Alternate Phone (Area code and number)	
	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Do you have any relatives working for the Town of Sellersburg? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," list names, relationships, and department employed.			
Have you ever been convicted of a Felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," describe location, date and offense. (Conviction will not necessarily disqualify an applicant from employment.)				
If the position for which you are applying requires operation of a motor vehicle, list any traffic violations occurring during the past five years:				
Have you ever been employed by the Town of Sellersburg? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" When? Department:				

EDUCATION	Type of School	Name and Location of School	Number of Sem. Hrs. Completed	Graduated Yes	Graduated No	Type of Degree or Diploma	G.P.A.	Major
	HIGH SCHOOL			<input type="checkbox"/>	<input type="checkbox"/>			
	COLLEGE OR UNIVERSITY			<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>			
	TECHNICAL OR VOCATIONAL			<input type="checkbox"/>	<input type="checkbox"/>			
			<input type="checkbox"/>	<input type="checkbox"/>				

Licenses or certificates (Driver's License...)

JOB SKILLS	YEARS OF WORK EXPERIENCE	Supervisory	Clerical	Accounting	Data Processing	Construction	Other (list)
	Indicate below which machine and other job skills you have:						
	<input type="checkbox"/> computer		<input type="checkbox"/> word processing		<input type="checkbox"/> shorthand, speed _____ wpm		
	<input type="checkbox"/> key station terminal (CRT)		<input type="checkbox"/> adding machine		<input type="checkbox"/> dictaphone, speed _____ wpm		
	<input type="checkbox"/> typewriter, speed _____ wpm		<input type="checkbox"/> calculator		<input type="checkbox"/> Other _____		
	<input type="checkbox"/> Construction Tools		<input type="checkbox"/> Maintainers/Bulldozers		<input type="checkbox"/> Backhoes/Front loaders		
<input type="checkbox"/> Tractors/Mowers		<input type="checkbox"/> Dump trucks		<input type="checkbox"/> Other _____			
List Foreign Languages		<input type="checkbox"/> fair <input type="checkbox"/> Speak good <input type="checkbox"/> excellent		<input type="checkbox"/> fair <input type="checkbox"/> Read good <input type="checkbox"/> excellent		<input type="checkbox"/> fair <input type="checkbox"/> Write good <input type="checkbox"/> excellent	

State any additional information you feel might be helpful to us in considering your application.

How were you referred to the Town of Sellersburg?	
If referred by an employee of the Town, give name and department.	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to work shift work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you available to work temporary work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on "layoff status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No

Complete the following, do not say "see resume." Start with your most recent employment and work back. Be sure to include employer's mailing address. List employment for previous 10 years. Include military service and volunteer activities, if any.

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCES?						<input type="checkbox"/> Yes		<input type="checkbox"/> No		
E M P L O Y M E N T R E C O R D	1 Name of employer (Firm, organization, etc.)					Area Code & Phone Number				
	Address (Street & No., City, State, Zip code)									
	Dates of Employment (month, year) From To			Title of Position		Salary or Earnings Starting \$ Per		Ending \$		Per
	Type of business organization			Number of Employees You Supervised		Name of Immediate Supervisor				
	Description of duties, responsibilities, accomplishments:									
	Office machines used/ Equipment used:					Reason for leaving:				
	2 Name of employer (Firm, organization, etc.)					Area Code & Phone Number				
	Address (Street & No., City, State, Zip Code)									
	Dates of Employment (month, year) From To			Title of Position		Salary or Earnings Starting \$ Per		Ending \$		Per
	Type of business organization			Number of Employees You Supervised		Name of Immediate Supervisor				
	Description of duties, responsibilities, accomplishments:									
	Office machines used/ Equipment used:					Reason for leaving:				
	3 Name of employer (Firm, organization, etc.)					Area Code & Phone Number				
	Address (Street & No., City, State, Zip Code)									
	Dates of Employment (month, year) From To			Title of Position		Salary or Earnings Starting \$ Per		Ending \$		Per
Type of business organization			Number of Employees You Supervised		Name of Immediate Supervisor					
Description of duties, responsibilities, accomplishments:										
Office machines used/ Equipment used:					Reason for leaving:					
4 Name of employer (Firm, organization, etc.)					Area Code & Phone Number					
Address (Street & No., City, State, Zip Code)										
Dates of Employment (month, year) From To			Title of Position		Salary or Earnings Starting \$ Per		Ending \$		Per	
Type of business organization			Number of Employees You Supervised		Name of Immediate Supervisor					
Description of duties, responsibilities, accomplishments:										
Office machines used/ Equipment used:					Reason for leaving:					
5 Name of employer (Firm, organization, etc.)					Area Code & Phone Number					
Address (Street & No., City, State, Zip Code)										
Dates of Employment (month, year) From To			Title of Position		Salary or Earnings Starting \$ Per		Ending \$		Per	
Type of business organization			Number of Employees You Supervised		Name of Immediate Supervisor					
Description of duties, responsibilities, accomplishments:										
Office machines used/ Equipment used:					Reason for leaving:					

Complete the following, do not say "see resume." Start with your most recent employment and work back. Be sure to include employer's mailing address. List employment for previous 10 years. Include military service and volunteer activities, if any.

EMPLOYMENT	6	Name of employer (Firm, organization, etc.)	Area Code & Phone Number		
	Address (Street & No., City, State, Zip Code)				
	Dates of Employment (month, year) From To		Title of Position	Salary or Earnings Starting \$	Per Ending \$ Per
	Type of business organization	Number of Employees You Supervised	Name of Immediate Supervisor		
	Description of duties, responsibilities, accomplishments:				
	Office machines used/ Equipment used:		Reason for leaving:		
	7	Name of employer (Firm, organization, etc.)	Area Code & Phone Number		
	Address (Street & No., City, State, Zip Code)				
	Dates of Employment (month, year) From To		Title of Position	Salary or Earnings Starting \$	Per Ending \$ Per
	Type of business organization	Number of Employees You Supervised	Name of Immediate Supervisor		
Description of duties, responsibilities, accomplishments:					
Office machines used/ Equipment used:		Reason for leaving:			
8	Name of employer (Firm, organization, etc.)	Area Code & Phone Number			
Address (Street & No., City, State, Zip Code)					
Dates of Employment (month, year) From To		Title of Position	Salary or Earnings Starting \$	Per Ending \$ Per	
Type of business organization	Number of Employees You Supervised	Name of Immediate Supervisor			
Description of duties, responsibilities, accomplishments:					
Office machines used/ Equipment used:		Reason for leaving:			

If you need additional space, please continue on a separate sheet of paper.

REFERENCES	List below three persons to whom we may refer for information about your character or qualifications. DO NOT INCLUDE EMPLOYERS, RELATIVES, OR SUPERVISORS. DO NOT INCLUDE MORE THAN ONE TEACHER OR PROFESSOR.			
	Name	Address (Street & No., City, State & Zip Code)	Occupation	Area Code & Phone Number

APPLICATION FOR EMPLOYMENT

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING YOUR NAME IN THE SPACE INDICATED.

1. I certify that answers give herein are true and complete to the best of my knowledge.
2. I agree that any written or oral misrepresentations or omissions made in making this application will be grounds for immediate dismissal.
3. I understand that I may be required to provide the Town of Sellersburg with a "criminal clearance letter" if I apply for a job working on private property or handling money.
4. I understand that the Town of Sellersburg is entitled to obtain criminal history record information maintained by the State of Indiana that relates to any applicant for employment
5. I understand that I will be required to authorize release of financial information, including credit history information if I apply for a job in law enforcement or a job handling money.
6. I hereby authorize all former employers and their employees as well as other references listed on this application to answer any questions, and to furnish any accurate information from their records concerning me, and I hereby release such companies and persons from any liability for such actions.
7. This application for employment shall be considered active for a period of time not to exceed 45 days. I understand that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing. I understand, also, that I am required to abide by all rules and regulations of the employer as a condition of employment.
8. I understand that upon an offer of employment I will be required to pass a physical exam and drug screening as a condition of employment.

APPLICATION MUST BE SIGNED	Applicant Signature	Date
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<i>For personnel department only</i>			
Arrange Interview	<input type="checkbox"/> Yes	<input type="checkbox"/> No (if no, give explanation)	
Employed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date of Employment
Job Title	Hourly Rate/Salary		
Department			
Additional Notes			
By	Name & Title		Date

DISABLED PERSONS IN NEED OF SPECIAL ASSISTANCE IN ANY STAGE OF THE APPLICATION PROCESS SHOULD CONTACT THE PUBLIC WORKS DIRECTOR AT (812) 246-3821 EXTENSION 7.