

Application For Employment
The City of Nappanee
An Equal Opportunity Employer

FORM C

**GENERAL INFORMATION FOR ALL APPLICANTS
PLEASE READ**

Your application will not be considered unless complete in every respect. No exceptions will be made.

The application must be completed in ink and printed in your handwriting. Do not type.

Every question must be answered. If the question does not apply, write "None" or "Not Applicable" in the appropriate blank. If you answer cannot be written completely in the space provided, you may write the additional information on the reverse side of the page with proper identifying references.

All applicants will be contacted. Do not make inquiry regarding the status of your application.

All applicants will be photographed and fingerprinted by the department at the appropriate time.

Have the last page of the application signed by a Notary Public.

Return all completed applications in person or by mail to:

City of Nappanee
Clerk/Treasurer's Office
Municipal Building
300 West Lincoln Street
P.O. Box 29
Nappanee, IN 46550

Date received: _____.

Date returned: _____.

EMPLOYMENT APPLICATION

POSITION SOUGHT: _____

LAST NAME: _____ FIRST NAME: _____ M.I.: _____

HOME ADDRESS: _____ COUNTY: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

SOCIAL SECURITY NUMBER: _____

ARE YOU A U.S. CITIZEN? YES: _____ NO: _____

ARE YOU AT LEAST 21 YEARS OF AGE? YES: _____ NO: _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN WITH YOUR CURRENT EMPLOYER. USE REVERSE SIDE OF PAGES IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.

CURRENT EMPLOYER: _____
(Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?

YES: _____ NO: _____

ADDRESS OF EMPLOYER: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

DATES EMPLOYED: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,
ETC.: _____

WHY DO YOU WANT TO LEAVE? _____

PREVIOUS EMPLOYER #1: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

DATES EMPLOYED: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,
ETC.: _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER #2: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

DATE EMPLOYED: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,
ETC.: _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER #3: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

DATE EMPLOYED: _____ TO: _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ ENDING SALARY: _____ PER _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,
ETC.: _____

WHY DID YOU LEAVE? _____

EDUCATION AND TRAINING

THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT THE EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED, AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE AND ABILITIES OF THE APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION.

HIGH SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? _____ HIGH SCHOOL EQUIVALENT? _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

COLLEGE OR TRADE SCHOOL ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO: _____

DID YOU GRADUATE? _____ DEGREE: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC.: _____

GRADUATE SCHOOL(S) ATTENDED: _____

ADDRESS: _____

DATE OF ATTENDANCE: _____ To: _____

DID YOU GRADUATE? _____ DEGREE: _____

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (I.E. SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT AVAILABILITY SHOULD WE SELECT YOU FOR A POSITION?

YES: _____ NO: _____

If yes, please explain: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES: _____ NO: _____

If yes, please explain: _____

DO YOU POSSESS A VALID DRIVERS LICENSE? YES: _____ NO: _____

LICENSE # _____

IF NO, CAN YOU OBTAIN ONE PRIOR TO EMPLOYMENT? YES _____ NO: _____

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES _____ NO: _____

PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE YEAR:

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY.
INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE
CONTENTS AND CONDITIOSN OF EACH PARAGRAPH BY PLACING YOUR
INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY
QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE
EMPLOYER BEFORE INITIALING THE PARAGRAPH.

- 1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials:_____

- 2. If employed, I understand and accept that I may be required to work evening shifts or night shifts, including weekends and holidays, and be on call and work mandatory overtime hours.

Initials:_____

- 3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials:_____

- 4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore I understand and accept that the employer will investigate my background for any criminal or unlawful activity.

Initials:_____

- 5. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

Initials:_____

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

(Applicant's Signature)

(Date)

STATE OF INDIANA
COUNTY OF _____

_____ BEING DULY SWORN DEPOSES AND SAYS THAT HE/SHE IS THE APPLICANT ABOVE NAMED AND THAT ALL ANSWERS AND STATEMENTS CONTAINED IN THE FOREGOING APPLICATION ARE TRUE.

(Signature of Applicant)

Subscribed and sworn before me this _____ day of _____.

My commission expires _____.

(Notary Public)

**VERIFICATION OF APPLICANT FOR EMPLOYMENT FOR COMPLIANCE WITH
MUNICIPAL NEPOTISM POLICY**

I, _____ have reviewed the direct line of supervision for the position I am seeking with the City of Nappanee and I am not a relative of any employee who will be in my direct line of supervision in the position of _____. I understand that Relative means a spouse, parent, stepparent, child (natural or adopted), stepchild, brother, half-brother, sister, half-sister, stepbrother, stepsister, niece, nephew, aunt, uncle daughter-in-law or son-in-law.

I hereby verify under the penalty of perjury that the foregoing statements are true.

Dated this _____ day of _____, 20_____.

Signature _____

Printed Name _____