



EMPLOYMENT APPLICATION

1240 North Boo Road, Burns Harbor, IN 46304
 Phone: 219-787-9413 • Fax: 219-787-1353 • Web: www.burnsharbor-in.gov

Equal Opportunity Employer

This application must be printed legibly in ink or typed. Incomplete or illegible applications will not be considered.

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit #				
City			State			ZIP			
Phone			E-mail Address						
Position for which you are applying									
Type of Employment Desired ☐ Full-time ☐ Part-time					Date Available for Work				
Do you have transportation to and from work?								YES ☐ NO ☐	
Are you 18 years of age or older?								YES ☐ NO ☐	
Are you legally eligible for employment in the United States?								YES ☐ NO ☐	
Have you ever worked for the Town of Burns Harbor?			YES ☐		NO ☐		If yes, when?		
Are you related to anyone currently employed with the Town of Burns Harbor?								YES ☐ NO ☐	
If yes, how are you related?									
(In accordance with IC 36-1-20.2, individuals who are relatives may not be employed by the Town of Burns Harbor in a position that results in one relative being in direct line of supervision of the other relative.)									
Have you ever been arrested or convicted of a crime that has not been expunged by a court?*								YES ☐ NO ☐	
If yes, explain below.									
*Answering "Yes" does not constitute an automatic bar from employment. Factors such as the nature of the violation and position you are applying for will be taken into account.									

EDUCATION		
Name of High School	City, State	Diploma or GED/Course of Study
Name of College/Univ./Vocational/Technical	City, State	Diploma/Degree/Certification Received
Military Training – Branch of Service	Training or Certifications Received	
Please list any skills you possess, training you have received, apprenticeships, internships, trade or business experiences you have as it relates to this position:		

REFERENCES

Please list three individuals who have knowledge of your work experience and/or education. Please do not list relatives or personal friends.

Full Name		Relationship to you	
Organization		Phone	
Full Name		Relationship to you	
Organization		Phone	
Full Name		Relationship to you	
Organization		Phone	

EMPLOYMENT HISTORY

Organization		Phone	
Address		Supervisor	
Job Title		Pay Rate	\$
Responsibilities			
Employed from		to	Reason for Leaving
May we contact your previous supervisor for a reference?		YES ☐	NO ☐
Organization		Phone	
Address		Supervisor	
Job Title		Pay Rate	\$
Responsibilities			
Employed from		to	Reason for Leaving
May we contact your previous supervisor for a reference?		YES ☐	NO ☐
Organization		Phone	
Address		Supervisor	
Job Title		Pay Rate	\$
Responsibilities			
Employed from		to	Reason for Leaving
May we contact your previous supervisor for a reference?		YES ☐	NO ☐

GENERAL APPLICATION INFORMATION

**Please read carefully and indicate your understanding of and consent to each statement by initialing after each statement.
If you have any questions, contact the Clerk-Treasurer before initialing.**

Statement	Your initials
I understand and accept that, depending on the position for which I am applying; employment may be contingent on successful completion of a medical, psychological, drug, substance abuse and/or alcohol testing to determine abilities to perform essential functions of the position.	
I understand and accept that a criminal background check and a motor vehicle driving record will be conducted as part of the recruiting process and the Town of Burns Harbor will take criminal convictions and driving record results into account in the hiring process if the conviction or driving record results are relevant to the position the applicant is being considered for.	
I authorize the schools, employers and references named to provide information necessary to the Town of Burns Harbor to arrive at an employment decision.	
I understand and accept that any false or misleading information or intentional omissions on my application or interview(s) may result in disqualification from further consideration.	
I understand and accept that if I am employed by the Town of Burns Harbor, any false or misleading information or intentional omissions provided on my application or interview(s) is subject to disciplinary action, up to and including termination of employment.	
I understand and accept that the Town of Burns Harbor requires a high degree of integrity, ethics, confidentiality and lawful behavior of its employees and this high degree of integrity, ethics, confidentiality and lawful behavior continue to be maintained throughout employment with the Town of Burns Harbor. I further understand that if I am employed by the Town of Burns Harbor, any breach of this confidentiality, integrity, ethics, confidentiality and/or lawful behavior is subject to disciplinary action, up to and including termination of employment.	
I understand and accept that I may be required to work evenings, nights and weekends, be on-call or work mandatory overtime hours, as necessary.	
I understand and accept that if I am employed by the Town of Burns Harbor, I will be at "at-will" employee, which means either myself or the Town of Burns Harbor may terminate the employment relationship, for any reason or for no reason, at any time.	
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 consideration for employment or termination of employment.	
I understand that the Town of Burns Harbor complies with all federal and state requirements to confirm my employment eligibility.	

With my signature, I acknowledge that I have carefully read each of the statements above and that I understand each of the statements. Furthermore, I understand that agreeing to each of the statements is a condition of being considered for employment.

Signature of Applicant		Date	
------------------------	--	------	--

The Town of Burns Harbor is an equal opportunity employer. The Town of Burns Harbor does not discriminate in employment on account of race, color, religion, sex (pregnancy, gender identity, and sexual orientation), national origin, age (40 and over), disability, genetic information as referenced in the Genetic Information Nondiscrimination Act (GINA), military service veteran status or any other protected class as defined by federal, state, and local laws. The Town of Burns Harbor will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

QUESTIONNAIRE

How did you hear about the job opportunity you are applying for?	☐ Newspaper ☐ Town of Burns Harbor Website ☐ Facebook ☐ Twitter ☐ Friend ☐ Other: _____
--	--

Applications for employment will be kept for a period of three years in accordance with Indiana law.

The Town of Burns Harbor does not accept unsolicited Employment Applications or resumes.

Applications may be returned in person to:

**Burns Harbor Town Hall
Clerk-Treasurer's Office
1240 N. Boo Road
Burns Harbor, IN 46304**

or

mailed to:

**Town of Burns Harbor
Attn: Clerk-Treasurer
1240 N. Boo Road
Burns Harbor, IN 46304**