

APPLICATION FOR EMPLOYMENT

The Town of Crothersville is an equal opportunity employer. Applicants are considered for employment without the regard to race, color, sex, age, disability, national origin, genetic information, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. The Town of Crothersville will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

PLEASE PRINT (BLUE OR BLACK INK)

Date of Application: _____

Full Name: _____

Aliases or Nicknames Used: _____

Date of Birth: _____ Social Security #: _____

Driver's License #: _____ State: _____ Type: _____

Are you 21 years of age or older? Yes _____ No _____

List all previous residences for the past 10 years with the most recent address first. (Include the complete address with city, state, and zip code).

1. _____

2. _____

3. _____

4. _____

5. _____

Home Phone #: () _____ Cell Phone #: () _____

Email Address: _____

Marital Status: _____ Spouse's Name: _____

Position(s) Desired: _____

Type of Employment Desired: Full Time _____ Part Time _____ Temporary _____ Reserve _____

On what date would you be available to begin employment? _____

Are you on a layoff and subject to recall at another employer? Yes _____ No _____

Have you ever applied for a position with the Town of Crothersville before? Yes _____ No _____

Have you ever been employed with the Town of Crothersville before? Yes _____ No _____ If yes, please list the department and dates of employment: _____

Do you have any relatives or friends that are employed with the Town of Crothersville? Yes ___ No ___
If yes, please list their name(s) and relationship(s): _____

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes _____ No _____ If yes, please provide the offense, date of conviction, State of conviction, and county of conviction for each offense: _____

EDUCATION

HIGH SCHOOL

Name: _____ # of Years: _____ Diploma or GED Obtained: Yes ___ No ___

COLLEGE

Name: _____ # of Years: _____ Major: _____

Degree Obtained: Yes ___ No ___

TRADE SCHOOL

Name: _____ # of Years: _____ Course of Study: _____

Certificate Obtained: Yes ___ No ___

List any other special job-related skills, software, or qualifications you feel are relevant: _____

List any specialized training or certificates you feel are relevant: _____

PERSONAL REFERENCES

List the name, address, and telephone number for three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

EMPLOYMENT

Employer: _____ Phone #: _____
Address: _____ Job Title: _____
Supervisor: _____ From _____ to _____ Salary: _____
Work Performed: _____

Employer: _____ Phone #: _____
Address: _____ Job Title: _____
Supervisor: _____ From _____ to _____ Salary: _____
Work Performed: _____

Employer: _____ Phone #: _____
Address: _____ Job Title: _____
Supervisor: _____ From _____ to _____ Salary: _____
Work Performed: _____

MILITARY SERVICE

Have you ever served in the United States Armed Forces? Yes _____ No _____

Branch of Service: _____ Highest Rank Obtained: _____

Military Service #: _____ Reserve Status: _____

Typed of Discharge Received: _____

Did you receive any military disciplinary action? Yes _____ No _____ If yes, please explain: _____

PLEASE ATTACH A COPY OF YOUR DD214

Please ensure that the information requested in this document is accurate and complete. Incomplete information may in a delay or the dismissal of your application process. Any information contained in this document found to be untrue or incomplete in an attempt to hide or evade the truth, will result in termination of consideration for employment. If employed, discovery of the above will result in disciplinary action up to and including termination.

I hereby certify and affirm that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any willful misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of employment.

Date: _____

Printed Name: _____

Signature: _____

AUTHORITY FOR RELEASE OF INFORMATION AND WAIVER

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Crothersville Police Department and the Town of Crothersville, whether the said records are of a public, private, or confidential nature.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release of authorization will be considered in determining my suitability for employment with the Crothersville Police Department and the Town of Crothersville. I also certify that any person(s) who may furnish such information concerning me shall not be held legally accountable for giving the information in any way and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Full Name (Printed): _____

Signature: _____

Date of Birth: _____

Social Security Number: _____

Please include a copy of your Birth Certificate, High School Diploma or GED, College Diploma (if applicable, Driver's License, and ILEA Diploma (if applicable).