# EMPLOYMENT APPLICATION

## Equal Employment Opportunity

The Town of Kirklin is an Equal Opportunity Employer. Qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, national origin, creed, ancestry, marital status, disability, veteran status, or any other status protected by law.
Application must be neat and legible.
Answer all questions. Incomplete applications will be rejected.
Applications remain active for 30 days.

## Personal Information

| **Position Applying For:** | ☐ Full time ☐ Part time |
|---|---|
| Today's Date: | Street Address: |
| First Name: Middle: | City: |
| Last Name: | State: |
| DOB: | ZIP Code: |
| Social Security Number: | Are you at least 18 years old? ☐ Yes ☐ No |
| Phone: | Date Available: |
| Email: | Salary Desired: |
| Are you legally authorized to work in the United States? ☐ Yes ☐ No | |

## Education

| **High School Information** | **College / University / Vocational School** |
|---|---|
| School: | School: |
| City/State: | City/State: |
| Diploma/GED: | Major: |
| Year Completed: | Degree/Certificate: |
| | Years Completed: |

Additional Education, Training or Certifications:

_____

_____

## Professional License & Membership

Professional License(s) _____

State of Indiana License Number: _____

Expiration Date: _____

Other Professional Memberships: _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

## Skills

☐ Microsoft Word
☐ Microsoft Excel
☐ Microsoft Outlook
☐ Google Workspace
☐ Data Entry
☐ Customer Service
☐ Cash Handling
☐ Record Keeping
☐ Bookkeeping
☐ Utility Billing Software
☐ Typing
☐ Website Content Updates
☐ AI
☐ Zoom
☐ Teams
☐ Typing Speed (WPM): _____

Other Software or Skills: _____

## Driver's License

State: _____ License Number: _____ Class: _____ Expiration Date: _____

Commercial Driver's License (CDL): ☐ Yes ☐ No

## Employment History

**READ THESE INSTRUCTIONS BEFORE FILLING OUT YOUR WORK HISTORY**

Complete this application in its entirety.

Resumes may be attached, but they will not be accepted in lieu of any information requested.

Your qualifications for this position will be evaluated strictly against the information you provide on this application and any supplemental application, as required for a specific position.

Begin with your present or most recent position, and go back at least ten years.

Include all paid and unpaid experience which you think qualifies you for this position. All job-related experience (including experience prior to the previous ten years) should be stated. Use additional sheets, if necessary.

<table>
<tr><td>Date of Employment (month, year)<br><br>From: To:</td><td>Title of your position:</td><td>Full-time ☐<br>Part-time ☐</td><td>Earnings:<br><br>$ per</td></tr>
<tr><td>Current or last employer:</td><td colspan="3">Address of current or last employer (include city, state, ZIP)</td></tr>
<tr><td>Type of business or organization:</td><td colspan="2">Name/Tittle of your immediate supervisor.<br><br>May we contact him/her ☐ Yes ☐ No</td><td>Supervisor’s phone:</td></tr>
<tr><td colspan="2">Are you still employed? ☐ Yes ☐ No<br><br>(if “no”, reason for leaving)</td><td colspan="2">Number of people and types of positions you supervised.</td></tr>
<tr><td colspan="4">Description of duties:</td></tr>
<tr><td colspan="4">Was your employment under a different name? ☐ Yes ☐ No<br>If “yes” please list the name(s) used:</td></tr>
</table>

| | | | |
|---|---|---|---|
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| Current or last employer: | Address of current or last employer (include city, state, ZIP) | | |
| Type of business or organization: | Name/Tittle of your immediate supervisor.<br><br>May we contact him/her ☐ Yes ☐ No | | Supervisor's phone: |
| Are you still employed? ☐ Yes ☐ No<br><br>(if "no", reason for leaving) | Number of people and types of positions you supervised. | | |
| Description of duties: | | | |
| Was your employment under a different name? ☐ Yes ☐ No<br>If "yes" please list the name(s) used: | | | |

| | | | |
|---|---|---|---|
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## Additional Qualifications

Describe any education, training, experience, or qualifications relevant to this position.

_____

_____

_____

## Record of Conviction

Have you ever been arrested for or convicted of a felony? ☐ Yes ☐ No

If yes, dates:

_____

If yes, explain:

_____

_____

A conviction does not automatically disqualify an applicant from employment.

## Professional References

**Reference #1**

Name: _____

Relationship: _____

Phone: _____

Email: _____

**Reference #2**

Name: _____

Relationship: _____

Phone: _____

Email: _____

**Reference #3**

Name: _____

Relationship: _____

Phone: _____

Email: _____

**Reference #4**

Name: _____

Relationship: _____

Phone: _____

Email: _____

## Applicant Certification

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Town of Kirklin to verify their accuracy and to obtain reference information on my work performance. I hereby release Town of Kirklin from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that some positions require bonding as a condition of employment. If the position I am applying for requires a bond, I understand that a background and/or credit check will be necessary.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

I understand that if I am selected for this position, I will be required to submit proof of U.S. Citizenship or the legal right to work in the United States, and that if I am hired, I also understand that I may be required to pass an alcohol and drug test, a medical exam, and/or other tests as mandated by Federal, State, or local law, or by the administrative policy of the Town of Kirklin.

**Applicant Signature: _____**

**Printed Name: _____**

**Date: _____**