Town of Ossian

Application for Employment

The Town of Ossian is an equal opportunity employer. Applicants are considered for employment without regard to race, color, religion, 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 Ossian** will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

Date of Application _____

Full Name _____

Full Address _____

Home Phone: (____)_____ Cell Phone: (____) _____

Email address: _____

If you have resided at your present address less than three years, please list your prior address:

Full Address _____

Position(s) Desired _____ Salary Expected $ _____

Are you available to work ❑ Full Time ❑ Part-Time ❑ Temporary
❑ On-Call ❑ Overtime ❑ Any Shift

On what date would you be available for work? _____

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

Have you filed an application here before? ❑ Yes ❑ No If Yes, give date(s)_____

Have you ever been employed here before? ❑ Yes ❑ No If Yes, give date(s) _____

Do you have any relatives or friends that are employed here? ❑ Yes ❑ No

If yes, please list them by name and relationship _____

Why did you apply for a position at the Town of Ossian? _____

_____

Why do you think you would make a valuable employee of the Town of Ossian: _____

_____

Are you legally authorized to work in the United States? ❑ Yes ❑ No

Are you 18 years or older? ❑ Yes ❑ No

Have you been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic-related infraction? A conviction or plea will not necessarily disqualify you from consideration for employment. The effect of a conviction will be assessed with respect to time, circumstances, seriousness of the offense, and job responsibilities and duties. *However, your failure to list a conviction will disqualify you from consideration for employment or will result in termination of employment if subsequently discovered.* ❑ Yes ❑ No

If yes, state the nature of the conviction or plea, the date, and explain _____

_____

Education

Type of School	Name of School / Town and State	Number of Years Completed	Graduate? Yes	Graduate? No	Course Pursued/ Degrees Granted
High School					
College or University					
Business, Trade, Technical, or Correspondence School or College					

List any special job-related skills, software, and qualifications acquired from education, employment, volunteer work or military service. _____

_____

List specific skills on office machines, tools, machinery or other equipment that you are trained on and can operate that will be helpful in performing the responsibilities of the position(s) for which you are applying _____

_____

_____

Personal References

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

1 _____
Name Full Address Telephone No.

2 _____
Name Full Address Telephone No.

3 _____
Name Full Address Telephone No.

PLEASE ANSWER THE FOLLOWING QUESTION AFTER READING THE JOB DESCRIPTION GIVEN TO YOU WITH YOUR APPLICATION

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

❑ Yes ❑ No

Employment Record

Starting with your present or most recent job, list all your employment experience for at least the last 15 years. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment.

Employer Name:		Telephone:	
Address:			
Job Title:		Immediate Supervisor:	
From:	To:	Starting Salary:	Final Salary:
Describe type of work performed:			
Employer Name:		Telephone:	
Address:			
Job Title:		Immediate Supervisor:	
From:	To:	Starting Salary:	Final Salary:
Describe type of work performed:			
Employer Name:		Telephone:	
Address:			
Job Title:		Immediate Supervisor:	
From:	To:	Starting Salary:	Final Salary:
Describe type of work performed:			
Employer Name:		Telephone:	
Address:			
Job Title:		Immediate Supervisor:	
From:	To:	Starting Salary:	Final Salary:
Describe type of work performed:			

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

May we contact the employers listed above? ❑ Yes ❑ No If no, indicate which one(s) you do NOT wish us to contact and state the reason why you prefer that we do not contact the employer(s)

____

____

Have you ever been discharged, permitted to resign rather than be discharged, or asked to resign from any position? ❑ Yes ❑ No If yes, please state the employer, and the reason for the discharge or resignation.

____

____

Applicant's Statement

The Town of Ossian requires a minimum of a high school diploma or a GED for employment as is stated in all job descriptions. A copy of your high school diploma, transcripts, documentation of your GED or college enrollment will be required if you should be hired for any position with the Town of Ossian. We will also do a limited criminal history check for all applicants considered for a position with the Town of Ossian.

If you have a prepared resume or have any additional education, you may also enclose those items.

Please indicate that you have read and understand each applicant statement by placing your initials beside each paragraph.

Initials

_____ I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my application may result in the rejection of my application, the revocation of an offer of employment, or discharge.

_____ I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, through a credit check, a criminal history check and/or a driver's record check. This inquiry may include information as to, among other things, my character, general reputation and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry. If the Town of Ossian decides to obtain a consumer credit report, I understand that the Town of Ossian will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.

_____ I hereby release all parties, including but not limited to the Town of Ossian personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action the Town of Ossian takes on the basis of such information.

_____ I understand that, if I am offered a job, as a condition of beginning my employment, I may be required to undergo a physical examination and drug screen, and I hereby authorize any doctor, hospital, clinic, laboratory and/or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.

_____ I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

_____ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by the Town of Ossian. I further understand that statements which may be contained in policies, practices, handbooks or other material do not create any guarantee of employment and that the Town of Ossian has the right to modify, amend or terminate policies, practices, benefits plans or other programs within the limits and requirements imposed by law. I understand that no representative of the Town of Ossian, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.

_____ I understand that, upon employment, I will sign an agreement relating to confidential information, if required. I certify that I am not bound by any employment contract or non-competition agreement that would be breached by any employment that might be offered to me by the Town of Ossian, nor am I in possession of nor will I at any time reveal to the Town of Ossian, under any circumstances, any proprietary or confidential information that is the subject of any contract, non-disclosure agreement or prior work relationship involving any other person or entity.

Signature of Applicant: _____ Date: _____

Nepotism Policy

Verification of Applicant for Employment for compliance with Municipal Nepotism Policy

I, _____ (printed name), have reviewed the direct line of supervision for the position I am seeking with the "Town of Ossian" 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 my spouse, parent or step-parent, child or step-child, brother, sister, step-brother, step-sister, niece, nephew, aunt, uncle, daughter-in-law or son-in-law (including half-bloods and adopted children).

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

X: _____ Date: _____

(Applicant Signature)

Town of Ossian

Clerk/Treasurer &
Town Manager Office
507 N. Jefferson St.
Ossian, IN 46777

Phone 260-622-4251 email: townmanager@ossianin.com
Fax 260-622-6250 email: clerk@ossianin.com

Date: _____

REQUEST FOR RELEASE OF LIMITED CRIMINAL HISTORY INFORMATION

I, the undersigned, hereby authorize and give my consent to the Ossian Police Department, and Wells County Sheriff's Department, Wells County, Indiana to release to the office of the Clerk-Treasurer & Town Manager any and all criminal history information regarding me as that information appears in the records of the Ossian Police Department and/or the Wells County Sheriff's Department for the purpose of employment.

I hereby waive, release and surrender any and all rights to claims which I may have against the Town of Ossian, Wells County, the Ossian Police Department, Wells County Sherriff's Department or any of the officers or employees of the Town of Ossian and/or Wells County, that may arise as a result of the release of this criminal history information.

PRINTED NAME: _____

MAIDEN NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ SS Number: _____

SIGNATURE:_____ Date: _____

******** FOR POLICE DEPARTMENT/SHERIFF'S DEPARTMENT USE ONLY ********

(____) NO LOCAL ADULT CRIMINAL CONVICTION DATA FOUND

(____) SEE ATTACHED CRIMINAL HISTORY

Signature: _____

OSSIAN POLICE /WELLS COUNTY SHERIFF'S DEPARTARTMENT

DATE: _____

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NOTE: ANY CRIMINAL HISTORY INFORMATION FURNISHED IS LIMITED TO FELONY AND MISDEMEANOR ARRESTS BY OFFICERS OF THE OSSIAN POLICE DEPARTMENT AND WELLS COUNTY SHERIFF'S DEPARTMENT BASED UPON THE INFORMATION PROVIDED ABOVE