Town of Merrillville Employment Application

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT

Position(s) Applying For	Date of Application

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Home	Mobile	
Email Address			

How did you learn about this job opportunity?

- ☐ Indeed
- ☐ www.merrillville.in.gov
- ☐ Employee
- ☐ Facebook
- ☐ Other _____

Are you 18 years of age? Yes No

Are you a citizen of the United States Yes No

Do you have a valid driver's license? Yes No

Have you ever been convicted of a felony? Yes No If yes, explain: _____

_____

Have you ever been employed with the Town of Merrillville? Yes No If yes, give date _____

Do you have a family member who previously worked or currently works for the Town of Merrillville? Yes No

Are you currently employed? Yes No May we contact your present employer? Yes No

What type of employment are you seeking: Full-Time Part-Time Seasonal

On what date would you be available for work: _____

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 supporting documentation, as required for a specific position.

Begin with your most recent position and go back at least 10 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 10 years) should be included. Use additional pages, if necessary.

EMPLOYMENT HISTORY

Company		**Phone**	
Address		**Supervisor**	
Job Title		**Starting Salary**	
Responsibilities		**Ending Salary**	
From		**Reason for Leaving**	

Company		**Phone**	
Address		**Supervisor**	
Job Title		**Starting Salary**	
Responsibilities		**Ending Salary**	
From		**Reason for Leaving**	

Company		**Phone**	
Address		**Supervisor**	
Job Title		**Starting Salary**	
Responsibilities		**Ending Salary**	
From		**Reason for Leaving**	

Comments - (Including explanation of any gaps in employment) _____

_____

_____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

List last three schools attended, starting with the most recent. List number of years completed. Indicate degree or diploma earned, if any. Grade point average or class rank. Major field of study. Minor field of study.

School Attended	Years Completed	Degree/Diploma	G.P.A.	Major	Minor

Professional References

List name and telephone number of three business/work references who are not related to you. If not applicable, list three school or personal references who are not related to you.

Full Name		**Relationship**	
Years Known		**Phone**	( )
Address			
Full Name		**Relationship**	
Years Known		**Phone**	( )
Address			
Full Name		**Relationship**	
Years Known		**Phone**	( )
Address			

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, when it is discovered.

I give the employer the right to contact and obtain information from all references, employers, education institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant _____ Date _____

Affirmative Action Voluntary Information
(Completion of this form is voluntary)

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status.

To be completed by the applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to an adverse personnel decision of action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date _____

REFERRAL SOURCE

- ☐ Walk-In
- ☐ Employee
- ☐ Advertisement - Source _____
- ☐ Government Employment Agency
- ☐ Relative
- ☐ Private Employment Agency
- ☐ School
- ☐ Other _____

Name of person who referred you _____

APPLICANT INFORMATION

Name _____ Telephone _____
Last First Middle

Address _____
Street City State Zip Code

- ☐ Male
- ☐ Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- ☐ White (not of hispanic origin)
- ☐ American Indian/Alaskan Native
- ☐ Black (not of hispanic origin)
- ☐ Asian/Pacific Islander
- ☐ Hispanic
- ☐ Other (specify) _____