

Town of Dyer Employment Application



Town of Dyer
 One Town Square
 Dyer, IN 46311
 (219) 865-2421

Position/Positions Applied for:
Other names under which you have worked.

An Equal Opportunity Employer

Last Name	First Name	Middle Initial	Social Security Number (Optional)
Address			Telephone Number (Home)
City, State, Zip			Telephone Number (Work)

Applications must be neat and legible.
 Answer all questions, incomplete applications will be rejected.
 Advise the Town if you change your address. Otherwise you may lose your opportunity for employment.
 Veterans must attach to this application proof of honorable discharge.

IF AN ASTERISK (*) FOLLOWS A QUESTION, EXPLAIN ANY YES ANSWERS ON A SEPARATE SHEET OF PAPER.	YES	NO
1. If you are under the age of 18, can you submit a work permit after an offer of employment has been made?		
2. Can you submit verification of your U.S. citizenship or your legal right to work in the U.S.?		
3. If offered, will you accept a position requiring shift, weekend, or holiday work where such work is an essential function of the job?		
4. Do you have any relatives employed by any Department in the Town of Dyer?		
5. Are you currently, or have you been within the last two years, a member of the Dyer Town Council or of any appointed Board or Commission of the Town of Dyer?		
6. Are you related to any current member of the Dyer Town Council, or any Town Board or Commission? *		
7. Have you ever been convicted of a felony, misdemeanor, or court martial on or after your 18th birthday, of which you were sentenced and/or placed on probation? A "yes" answer will not automatically disqualify you from further consideration. This information will be reviewed independently on the basis of job-relatedness. *		

HOW DID YOU FIRST HEAR OF THIS POSITION?

- Times of NWI
- Post Tribune
- Minority/Female Paper
- Other Daily Newspaper

- Unemployment Office
- Town Bulletin Board
- Call-In/Walk-In
- Town Employee
- Other (Please Specify) _____

READ THESE INSTRUCTIONS BEFORE FILLING OUT YOUR WORK HISTORY

Complete this application in its entirety. Incomplete applications will not be accepted.

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.

Dates of Employment (month, year) From: _____ To: _____	Title of your position: _____	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours/Week _____	Earnings: \$ _____ per _____
Current or last employer: _____		Address of current or last employer (include city, state, ZIP) _____	
Type of business or organization: _____	Name/Title of your immediate supervisor: _____ May we contact him/her Now <input type="checkbox"/> Later <input type="checkbox"/>		Supervisor's phone: _____
Are you still employed? Yes _____ No _____ (if "no", reason for leaving) _____		Number of people and types of positions you supervised. _____	
Description of duties: _____			

Dates of Employment (month, year) From: _____ To: _____		Title of your position:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours/Week _____	Earnings: \$ _____ per
Current or last employer:		Address of current or last employer (include city, state, ZIP)		
Type of business or organization:		Name/Title of your immediate supervisor. May we contact him/her' Now <input type="checkbox"/> Later <input type="checkbox"/>	Supervisor's phone:	
Are you still employed? Yes _____ No _____ (if "no", reason for leaving)			Number of people and types of positions you supervised.	
Description of duties:				

Dates of Employment (month, year) From: _____ To: _____		Title of your position:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Hours/Week _____	Earnings: \$ _____ per
Current or last employer:		Address of current or last employer (include city, state, ZIP)		
Type of business or organization:		Name/Title of your immediate supervisor. May we contact him/her' Now <input type="checkbox"/> Later <input type="checkbox"/>	Supervisor's phone:	
Are you still employed? Yes _____ No _____ (if "no", reason for leaving)			Number of people and types of positions you supervised.	
Description of duties:				

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Current or last employer:		Address of current or last employer (include city, state, ZIP)		
Type of business or organization:		Name/Title of your immediate supervisor. May we contact him/her' Now <input type="checkbox"/> Later <input type="checkbox"/>	Supervisor's phone:	
Are you still employed? Yes _____ No _____ (if "no", reason for leaving)			Number of people and types of positions you supervised.	
Description of duties:				

RECORD OF EDUCATION

Circle the highest grade you have completed. 1 2 3 4 5 6 7 8 9 10 11 12 or more		High School Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, have you passed a high school equivalency (GED)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Colleges or Universities	City, State/Country	Major	Total Units Earned	Type of Degree Received
			Sem. Qtr.	
Other trade schools, courses, or training	Institution		Satisfactorily Completed	
			Yes	No
Licenses or Certificates which are related to the position for which you are applying:				
List professional, trade, business or civic activities and offices held which relate to the position for which you are applying. (If desired, you may exclude those which indicate race, color, religion, sex, sexual orientation, marital status, national origin, age, or disability).				

Do you have a valid Driver License? Yes <input type="checkbox"/> No <input type="checkbox"/> Which State? _____ What Class? _____ If "yes", License number: _____
Do you have any Restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", list restrictions: _____
Do you have a Commercial Driver License (CDL)? Yes <input type="checkbox"/> No <input type="checkbox"/> Which State? _____ If "yes", CDL number: _____
Do you have any endorsements? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes", list endorsements: _____

PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING THIS APPLICATION

I certify that all statements I have made on this application, and on other supplemental material submitted with this application, are true and correct. I hereby authorize the Town of Dyer to investigate the accuracy of this information from any person or organization, and I release the Town of Dyer and all persons and organizations from all claims and liabilities arising from such investigations or the supplying of information for such investigations. I acknowledge that any false statement or misrepresentation on this application, or on supplemental materials submitted with this application, will be cause for refusal to hire or for immediate dismissal at any time during the period on my employment. I understand that if I am a finalist for this position, I will be required to submit proof of US Citizenship or the legal right to work in the United States, and that if I am hired, I will be required to take an Oath of Office. 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 Dyer.

Signature of Applicant _____ Date _____

Section 413

AUTHORIZATION TO OBTAIN LIMITED CRIMINAL HISTORY AND RELEASE
(APPLICANTS FOR TOWN EMPLOYMENT)

As part of my application for employment with the Town of Dyer, Lake County, Indiana, I hereby authorize the appropriate officials of the Town of Dyer to request and obtain a limited criminal history of my entire prior criminal record. In addition, I hereby release the Town of Dyer, Lake County, Indiana, its employees, agents, representatives, elected and appointed officials, and attorneys from any and all liability associated with any criminal history information that is obtained about me except in the case of any intentional and deliberate misuse or misappropriation of that information.

Full Name: _____

Address: _____

City & State: _____

Date of Birth: _____

Social Security No.: _____

Date

Applicant Signature

Applicant (Printed)