



APPLICATION FOR EMPLOYMENT

Town of Dyer

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PERSONAL INFORMATION

Date: _____

Name: _____
Last First Middle

Phone #: _____

Email address: _____

Address: _____
Street Address Apartment/Unit #

_____ City _____ State _____ ZIP Code

Are you 18 years of age or older? Yes No

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

Have you ever previously been employed by this municipality? Yes No If yes, when? _____

Do you now or have you ever had a relative employed by this municipality? Yes No

• If yes, who? _____

Have you ever been arrested or convicted of a crime that has not been expunged by a court? Yes No

• If yes, explain: _____

** Candidates selected for probable employment who are age 18 or older may be required to consent to a background check as a condition of employment.*

EMPLOYMENT DESIRED

Position desired: _____
(Please list the title of the position as posted and do not leave blank or list "any")

Desired hourly rate/annual salary: \$ _____

Date available to work: _____ Status desired: Full-time Part-time

Are you available to work:

• Weekday daytime hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Saturday?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
• Weekday evening hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Sunday?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

Applicant's Printed Name: _____
Last First M.I.

EDUCATIONAL INFORMATION

High School: _____ Years attended: _____

• Diploma/G.E.D. received: Yes No Location: _____
(City) (State)

College: _____ Years attended: _____

• Degree received: Yes No Degree/Subjects studied: _____
• Location: _____
(City) (State)

Other: _____ Years attended: _____
(Second College, Technical/Trade School, Business School, etc.)

• Degree received: Yes No Degree/Subjects studied: _____
• Location: _____
(City) (State)

EMPLOYMENT HISTORY

Include your last three positions of employment, including periods of unemployment, starting with the most recent and working backwards in time. Attach additional sheets of paper if needed. Incomplete information may disqualify you from further consideration.

Organization: _____ Phone: _____

• Are you currently employed by this organization? Yes No May we contact this employer? Yes No
• Job Title: _____ From: _____ To: _____
• Status: Full-time Part-time Supervisor/Title: _____
• Briefly describe duties: _____
• Reason for leaving: _____
• Address: _____
(City) (State)

Organization: _____ Phone: _____

• Job Title: _____ From: _____ To: _____
• Status: Full-time Part-time Supervisor/Title: _____
• Briefly describe duties: _____
• Reason for leaving: _____
• Address: _____ May we contact this employer? Yes No
(City) (State)

Organization: _____ Phone: _____

• Job Title: _____ From: _____ To: _____
• Status: Full-time Part-time Supervisor/Title: _____
• Briefly describe duties: _____
• Reason for leaving: _____
• Address: _____ May we contact this employer? Yes No
(City) (State)

Applicant's Printed Name: _____
Last First M.I.

OTHER QUALIFICATIONS

Do you have any special skills, volunteer experience and/or training that would enhance your ability to perform this position? Yes No

• If yes, please explain: _____

Do you hold a license or professional certification? Yes No

• If yes, please specify: _____

Do you participate in professional associations that would enhance your ability to perform this position? Yes No

• If yes, please explain: _____

REFERENCES

Please give the names of three persons not related to you, and preferably who you have worked with/for.

Full Name: _____ Organization: _____

• Relationship: _____ Email: _____

• Phone: _____ Address: _____
(Street) (City) (State) (ZIP)

Full Name: _____ Organization: _____

• Relationship: _____ Email: _____

• Phone: _____ Address: _____
(Street) (City) (State) (ZIP)

Full Name: _____ Organization: _____

• Relationship: _____ Email: _____

• Phone: _____ Address: _____
(Street) (City) (State) (ZIP)

PLEASE READ CAREFULLY BEFORE SIGNING

u u) is an equal opportunity employer. u u) does not discriminate in employment on color, religion, sex (pregnancy, gender identity, and sexual orientation), national origin, age (40 and over), genetic information as referenced in the Genetic Information Nondiscrimination Act (GINA), military service, or any other protected class as defined by federal, state, and local laws. u u) will comply provide reasonable accommodation to qualified individuals with disabilities.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes an obligation for u) to hire me. If I am hired, I understand that either u) @ terminate employment at any time for any reason, with or without cause, and without prior notice. I understand representative of u) has the authority to make any assurance to the contrary. In addition, I u) complies with all federal requirements to confirm my employment eligibility.

I attest with my signature below that I have given to u) true and complete information on this No requested information has been concealed. I authorize u) to contact references employment reference checks. If any information I have provided is untrue, or if I have concealed material @ understand that this will constitute cause for denial of employment or immediate termination of

(Signature of Applicant)

(Date)

Note: Applications for employment will be kept on file for three year from the date of completion.