APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

TOWN OF RUSSIAVILLE 250 N. UNION ST., RUSSIAVILLE, IN 46979 765-883-5739

PERSONAL INFORMATION NAME _____ First Middle Last ADDRESS____ TELEPHONE _____ ARE YOU OVER THE AGE OF 18? _____ CAN YOU WORK LEGALLY IN THE UNITED STATES? IF NOT, WHY? _____ POSITION BEING APPLIED FOR HOW SOON COULD YOU REPORT TO WORK? _____ **EDUCATION** HIGH SCHOOL _____ GRADE COMPLETED _____ COLLEGE______YEARS COMPLETED _____ OTHER RELEVANT TRAINING_____

PERSONAL HISTORY

List any other names you have ever used. If you have ever legally changed your name, give the date, place, and court. (This information is being collected to assist in a thorough background investigation check.)				
List chronologically (most current first) all of your residences in the past 10 years. Include dates lived at each residence.				
	DRIV	/ER'S RECORD	!	
List all vehicle operator's licenses you currently hold.				
Type: Driver/Chauffer	State of Issuance	License Number	Expiration Date	Restrictions
Has your driver's license ever been suspended or revoked?				
f yes, please explain				
Have you had any accidents or traffic citations in the past 3 years?				
f yes, list date, location, description of accident, and any citations received				

Have you ever applied for a job with us before?
Have you ever worked for us before?
Have you ever served in the U.S. Armed forces?
If yes, branch Dates
Have you ever been convicted of a crime, besides minor traffic violation?
If yes, list citation, date, court
Have you ever been discharged or requested to resign from a position?
If yes, give circumstances
Are you employed now?
Why do you desire to make a change?
Have you ever held a position of trust?
PRIOR WORK RECORD (Start with most recent or present employer)
1. EmployerPhone
Address
Title or Duties
From: Month year <u>To</u> : Month year
Supervisor name Salary
Reason for Leaving

2. Employer	erPhone	
Address		
	year <u>To</u> : Month year	~
Supervisor name	Salary	
Reason for Leaving		
3. Employer	Phone	
Address		
Title or Duties		
From: Month y	vear <u>To</u> : Month year	
Supervisor name	Salary	
Reason for Leaving		
4. Employer	Phone	
Address		
Title or Duties		

<u>From:</u> Month year	<u></u> <u>To</u> : Month	year		
Supervisor name		Salary		
Reason for Leaving				
	REFERENCES			
Do <u>NOT</u> list relatives or former employers.				
Name	Address	Phone		
Do you agree to submit to being fingerprinted?				
Do you agree to a polygraph or CVSA?				
Do you submit to a drug screening test?				
A copy of your driver's license and your SSN # will be required if hired.				
JOB APPLICANT'S AGREEMENT AND CERTIFICATION				
"I certify that the information given by me in this application is true in all respects. I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements. I authorize my past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on				

Initial _____

account of having furnished such information."

	Initial
"I understand that if employed, policies and rulemployment and that the employer may revise any time."	
	Initial
"The facts set forth in my application for employing if employed, false statement on this application dismissal. You are hereby authorized to make an or work history except where I have specifically event that I am employed by the Town of Russia rules, and regulations."	ny investigation into my personal, educational, indicated otherwise in this application. In the
Applicant's Signature	Date