

TOWN OF CHURUBUSCO
204 N. LINE ST.
CHURUBUSCO, INDIANA 46723

PHONE 260-693-9350

FAX 260-693-1799

APPLICATION FOR EMPLOYMENT

The Town of Churubusco does not discriminate upon the basis of race, age, gender, religion, national origin, disability or any other characteristic protected by law. The Town of Churubusco will provide reasonable accommodations to qualified individuals with disability.

Please type or print responses to all the questions contained on the entire application form. Any application not completed in its entirety will be disqualified.

POSITION SOUGHT: _____

LAST NAME: _____ FIRST NAME: _____

FORMER NAMES: _____ COUNTY: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE: _____

ARE YOU OVER 18? YES NO

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES NO

DO YOU HAVE ANY RELATIVES WHO WORK FOR THE TOWN?
 YES Employee/Relationship: _____ NO

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH OR ADVERSELY EFFECT YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION? YES NO

If yes, please explain: _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

CURRENT EMPLOYER: _____ JOB TITLE: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE: _____ SUPERVISOR: _____

START DATE: _____



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MAY WE CONTACT? ___ YES ___ NO REASON: _____

DUTIES AND RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____ JOB TITLE: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE: _____ SUPERVISOR: _____

START DATE: _____ END DATE: _____

MAY WE CONTACT? ___ YES ___ NO REASON: _____

DUTIES AND RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

PREVIOUS EMPLOYER: _____ JOB TITLE: _____

EMPLOYER'S ADDRESS: _____

EMPLOYER'S PHONE: _____ SUPERVISOR: _____

START DATE: _____ END DATE: _____

MAY WE CONTACT? ___ YES ___ NO REASON: _____

DUTIES AND RESPONSIBILITIES: _____



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REASON FOR LEAVING: _____

EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training that you have completed and to demonstrate your skills, knowledge and abilities to perform the job duties of the position.

HIGH SCHOOL: _____ CITY/STATE: _____

DEGREE TYPE: _____

UNDERGRAD/TRADE: _____ CITY/STATE: _____

MAJOR/MINOR: _____ DEGREE TYPE: _____

GRADUATE: _____ CITY/STATE: _____

MAJOR/MINOR: _____ DEGREE TYPE: _____

Please list below any seminars or special training which you would be relevant to the type of work you are seeking.

Please use the following spaces to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application.



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REFERENCES

Please list three references who are not related to you

NAME: _____ PHONE: _____

COMPANY: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____

COMPANY: _____ RELATIONSHIP: _____

NAME: _____ PHONE: _____

COMPANY: _____ RELATIONSHIP: _____

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONDITIONS BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

- 1. I understand and accept that if I am hired, I may be hired conditional upon passing any medical/or psychological examinations that the employer deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.*

Initials _____

- 2. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that it will be necessary for the employer to investigate my background, including background checks for criminal or unlawful activity or credit checks.*

Initials _____



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3. *I understand that it may be necessary for me to approve and sign any waivers necessary order for the employer to obtain information from your current and former employers and educational transcripts from schools, colleges, or universities I attended.*

Initials _____

4. *I understand that the employer provides a seven day per week and twenty four hour per day service ,and therefore, if employed, I may be required to work evening shifts or night shifts, including weekends.*

Initials _____

5. *I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.*

Initials _____

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATIONS OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I AUTHORIZE INVESTIGATION OF MY BACKGROUND, INCLUDING FOR ANY CRIMINAL OR UNLAWFUL ACTIVITY OR CREDIT CHECKS.

BY THE SUBMISSION OF THIS DOCUMENT, I HEREBY AGREE THAT I SHALL EXECUTE THE EMPLOYER'S CONDITIONAL AND POST-EMPLOYMENT MEDICAL EXAMINATION AND DRUG TESTING CONSENT FORMS. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE OR ALCOHOL ABUSE.

(Applicant's signature)

(Date)

This application will only be under active consideration for six (6) months.



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I understand that as a condition of employment, all employees of this company must be tested for alcohol and controlled substances.

I consent to the breath alcohol test, urine sample collection, and testing for controlled substances.

I understand that an alcohol concentration greater than 0.02, and/or positive test result for controlled substances, will render me unqualified.

The medical review officer will maintain the result of my controlled substance test. Negative and positive results will be reported to the employer. If the results are positive, the controlled substance will be identified. The BAT will maintain a copy of the results of my breath alcohol test. The results will be reported to the Employer. The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

(Applicant's Name - Print)

Date

(Applicant's Signature)



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NOTE: MUST BE FILED SEPARATE FROM EMPLOYMENT APPLICATION

Regulations of the Equal Employment Opportunity Commission (EEOC) require employers to compile data regarding the nature and make-up of their work forces to further the goals of Title VII of the Civil Rights Act of 1964, as amended. Your responses to the following questions will help the employer comply with this requirement. Completion of this questionnaire is entirely voluntary on your part. Should you opt to complete the questionnaire, your response will be used by the employer solely for the purposes of preparing the reports required by the EEOC. Your response will be kept confidential and will play no part in the employer's evaluation of your employment performance or status, or your treatment as an employee. The completed questionnaire will be kept separate from your personnel file.

NAME: _____

AGE: _____ SEX: _____

RACIAL AND ETHNIC CATEGORIES:

White (not of Hispanic origin): _____

Black (not of Hispanic origin): _____

Hispanic: _____

Asian or Pacific Islander _____

American Indian or Alaska Native _____

DISABILITY: (Please Describe) _____

VETERAN: Yes: _____ No: _____

If yes, did you serve in Vietnam? Yes: _____ No: _____



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