

Application for Employment

CITY OF FRANKLIN, INDIANA

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

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

If you are under 18 years of age, can you provide required proof of eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If yes, give date _____

Have you ever been employed with the City of Franklin before?

Yes No

If yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

On what date would you be available for work?

Yes No

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if the positions requires?

Yes No

Will you obtain a CDL if it is required for the position

Yes No

Will you submit to a Drug and Alcohol Screen if required for the position?

Yes No

Have you ever been convicted of a crime that has not been expunged as permitted by law? Yes No

If yes, please state date, court and cause number of conviction? _____

Will you need additional accommodations to perform your job?

Yes No

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills, extra-curricular activities, and military experience, which may relate to the position for which you are applying.

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences.

Specialized Skills Check All That Apply

<input type="checkbox"/> Computer	<input type="checkbox"/> Fax	<u>Production/Mobile Machinery Other (list)</u>
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> PBX System	_____
<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> CDL	_____

Employment Experience

Start with your current or most recent position. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
		Dates Employed		Work Performed
		From	To	
Address				
		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
		Dates Employed		Work Performed
		From	To	
Address				
		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
		Dates Employed		Work Performed
		From	To	
Address				
		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

Additional Information

List professional, trade, business or civic activities and offices held. (You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status):

Provide any additional information you feel may be helpful to us in considering your application.

DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

___Yes___No

References (Non-Related)

1. Name: _____ Phone Number _____
Address: _____
2. Name: _____ Phone Number _____
Address: _____
3. Name: _____ Phone Number _____
Address: _____
4. Name: _____ Phone Number _____
Address: _____

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the City of Franklin, to investigate all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize the City of Franklin to conduct a background investigation, which may include, but is not limited to: Criminal History, Credit History, and Job History.

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that I may be required to submit to a drug/alcohol test prior to be considered for this position. I also understand that this information will be kept confidential, but can have an effect on my employment with the City of Franklin. I further understand that to be considered for the position for which I am applying, I waive my right of privacy with respect to the results of this test.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the members of the Franklin City Board of Works.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Applicant Signature: _____ Date: _____