

Town of Porter
303 Franklin Street
Porter, IN 46304
Phone: 219-926-2771
FAX: 219-395-8811

JOB APPLICATION

PERSONAL INFORMATION:

First Name _____ Position Sought _____

Middle Name _____ When available _____

Last Name _____

Street Address

City, State, Zip Code

Phone Number
(____) _____ Cell Phone (____) _____

Are you at least 18 years of age _____

Are you eligible to work in the United States?

Yes _____ No _____

Have you been convicted of or pleaded no contest to a felony within the last **ten years**?

Yes _____ No _____

If yes, please explain: _____

Are you interested in?
Full-Time Permanent Work YES or NO
Part-Time Work YES or NO
Temporary Work YES or NO

Do you Possess any type of professional License or certificate IE: CDL if so List below.

TYPE	STATE	ISSUING AUTHORITY	LICENSE#	DATE ISSUED	EXPIRATION DATE
------	-------	----------------------	----------	----------------	--------------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has your above state license ever been suspended, revoked or terminated YES or NO?

If YES explain _____

EDUCATION:

Name and Address of School - Degree/Diploma - Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____ From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

May We Contact Your Present Employer?

Yes _____ No _____

References:

Name/Title Address Phone

Certification: Please read carefully.

1. I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

2. I hereby authorize the TOWN OF PORTER to investigate, through whatever means deemed appropriate by the TOWN OF PORTER, any information included in this application and all facts resulting from the investigation. TOWN OF PORTER is also authorized to use any information obtained from its investigations to determine my suitability for employment. I release the TOWN OF PORTER from any liability in connection with such investigation.

3. If employed, I agree to abide by the policies, procedures, rules and regulations of the TOWN OF PORTER. I acknowledge the TOWN OF PORTER's prerogative of revising, at any time, its policies, procedures, rules and regulations, and I agree to abide and be governed by such revisions.

4. If employed, I further understand that I am employed on an at-will basis and employment may be terminated by either party, with or without cause.

5. I understand that submission of this application does not obligate the TOWN OF PORTER in any way.

6. I understand that a criminal background check **will be** conducted prior to employment, if selected for hire. I consent to the TOWN OF PORTER conducting a criminal background check and will cooperate, upon request.

7. I hereby authorize any former employers or any other person given as references (unless otherwise noted) to answer any questions that may be asked.

8. I understand that The TOWN OF PORTER prohibits the unlawful possession, use, or distribution of illicit drugs and alcohol by employees on its property or as part of any of its activities. No employee is permitted to use or possess alcohol on any TOWN OF PORTER facility. Any employee who violates these standards of conduct for illicit drugs or the unlawful possession or use of alcohol is subject to termination.

Signature _____

Print Signature _____

Date _____