

# CITY OF WHITING

Mayor Steve Spebar

## APPLICATION FOR EMPLOYMENT - GENERAL

Date:		
Applicant Name:		
Present Address:		
Telephone:	Social Security No.:	
Permanent Address (If different from present address):		
Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you either a U.S. citizen or an alien authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked or attended school under another name? If so, under what name?		
Have you ever been convicted of a crime? * <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give details, including date(s):		
* A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.		
<b>POSITION DESIRED</b>		
Position:	Date you can start:	Hourly rate/monthly salary desired:
Do you prefer: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours you are available to work:	
If part-time, hours per week desired:	Days of week you are available to work:	
Are you able to work:		
Weekends* <input type="checkbox"/> Yes <input type="checkbox"/> No      Holidays* <input type="checkbox"/> Yes <input type="checkbox"/> No      Nights* <input type="checkbox"/> Yes <input type="checkbox"/> No		
* if required for the position for which you're applying		
Are you available to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you previously worked for the City of Whiting? If so, from \_\_\_\_\_ to \_\_\_\_\_

Reason for leaving:

Former supervisor(s) for the City:

How did you learn about this potential opening?

**EDUCATION**

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:

Other education or training:

Other special skills:

**CLERICAL SKILLS**  
Complete only if you are applying for a clerical position

Can you type?  Yes  No Words per minute:

Are you familiar with personal computers?  Yes  No  PC  MAC

What computer programs are you familiar with?

**MILITARY EXPERIENCE**

Branch of Service:	Dates Served:	Rank at Discharge:
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Education and Training:

**WORK EXPERIENCE**

Please list all previous employment, beginning with the most recent. If you need more room, you may attach another sheet of paper.

Employer:	Address:	
From _____ to _____	Position Held:	Reason for leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Duties:		
Starting Hourly Pay:		Final Hourly Pay:
Employer:		Address:
From _____ to _____	Position Held:	Reason for leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		
Starting Hourly Pay:		Final Hourly Pay:
Employer:		Address:
From _____ to _____	Position Held:	Reason for leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		
Starting Hourly Pay:		Final Hourly Pay:

### AUTHORIZATION AND ACKNOWLEDGMENTS

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal.

I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you.

I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time and without prior notice or cause.

The City is an Equal Opportunity Employer. No question on this application is used for the purpose of discriminating, limiting, or excluding any applicant from consideration for employment on a basis prohibited by Local, State or Federal law.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION AND ACKNOWLEDGMENT OF SUBSTANCE ABUSE TESTING**

I understand that if I am offered a position of employment with the City of Whiting that I may be required to undergo medical testing for substance abuse before actual employment begins. The City reserves the right to disqualify any applicant based on the findings of these medical tests.

I release the City of Whiting and all its agents from all liability for any damage that may result from this testing process.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGMENT OF CITY RESIDENCY ORDINANCE**

I certify that I understand that the City of Whiting has duly passed and adopted a “Residency Ordinance” which currently requires employees to live within the City of Whiting boundaries or own property within the city’s boundaries for the duration of their employment with the City. The ordinance is subject to change from time to time as desired by the City of Whiting Common Council.

I certify that I understand that any employee who violates the City’s residency ordinance is subject to the termination of his or her employment.

A copy of the ordinance can be obtained from the office of the Clerk-Treasurer of the City of Whiting or by visiting the City’s web site <http://www.whitingindiana.com> under “City Ordinances”.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ACKNOWLEDGMENT OF DRIVER'S LICENSE/CDL REQUIREMENT FOR NEW HIRES**

Effective, March 1, 2005, all new hires (full-time) of the Park Department will be required to possess and maintain a valid State of Indiana driver's license. This requirement is considered a condition of employment and will not be subject to any grievance procedure. Failure to maintain a valid license will result in immediate dismissal.

All Street and Sanitation Departments will be required to obtain a valid CDL license issued by the State of Indiana within one year of date of hire. This requirement is considered a condition of employment and will not be subject to any grievance procedure. Failure to obtain the required CDL by the employee's first anniversary date will result in immediate dismissal.

All new hires of the Street and Sanitation Department will be given a conditional offer of employment, subject to a DOT pre-employment physical. The City will cover the costs associated with the physical and will direct the potential employee to the provider of the City's choice. Private physicals will not be accepted.

The City will cover the costs associated with obtaining and maintaining the CDL license. As a continued condition of employment, the employment must maintain a valid CDL license from the State of Indiana and must notify the City of any changes to the status of the license within three (3) business days of the change of status.

The employer may allow the employee time during the work day to go take any required tests for obtaining the CDL license, provided the employee schedules the time at least three (3) business days ahead of time.

The employer will work with the Teamster's union officials to provide training which will benefit the employees. Said training will be provided during work hours as scheduling permits.

I acknowledge that I have read and understand the license requirements described above.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_