

CITY OF WHITING

Mayor Steve Spebar

APPLICATION FOR EMPLOYMENT – EXEMPT MANAGEMENT

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?		
POSITION DESIRED		
Position:	Date you can start:	Salary desired:
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:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Postgraduate School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:

Other education or training:		
Other special skills:		
MILITARY EXPERIENCE		
Branch of Service:	Dates Served:	Rank at Discharge:
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:
Manager's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		
Starting Salary:		Final Salary:
Employer:		Address:
From _____ to _____	Position Held:	Reason for leaving:
Manager's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		
Starting Salary:		Final Salary:
Employer:		Address:
From _____ to _____	Position Held:	Reason for leaving:
Manager's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of Duties:		
Starting Salary:		Final Salary:

Have you ever been convicted of a crime?* Yes 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.

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.

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: _____

AUTHORIZATION AND ACKNOWLEDGMENTS

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: _____