

CITY OF WHITING

Mayor Steve Spebar

APPLICATION FOR EMPLOYMENT – TEMPORARY OR SEASONAL

Date:	
Applicant Name:	
Present Address:	
Telephone:	Social Security No.:
Permanent Address (If different from present address):	
Check one of the following selections regarding your current status: <input type="checkbox"/> I am currently enrolled in college or post high school trade school <input type="checkbox"/> I am a senior in high school and will be or have graduated this summer Note: Graduating high school seniors will only be hired if there is a shortage of applicants. <input type="checkbox"/> Other (please explain):	
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.	
AVAILABILITY	
Note: All full-time (40 hours per week) seasonal employees will be required to work occasional weekend and/or holiday hours. Failure to uphold this commitment may result in your seasonal employment being terminated or being downgraded to part-time status.	
Date you can start:	How long can you work (give date if you must end work to return to school)?
Do you prefer: <input type="checkbox"/> Full-time *Read note above <input type="checkbox"/> Part-time	If part-time, hours you are available to work: 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		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No Words per minute:		
Are you familiar with personal computers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> PC <input type="checkbox"/> MAC		
What computer programs are you familiar with?		
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:	

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: _____

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: _____