

# Employment Application



City of Crown Point  
 101 N East St  
 Crown Point, IN  
 USA  
 46307  
 Phone: (219)661-2284  
 Fax: (219)662-1373  
 www.CrownPoint.IN.gov

Date:

Name:

Address:

State/Province:

Zip/Postal Code:

SS Number:

Email Address:

Home Phone:

Cell Phone:

Positions Applied for:

Salary Desired:

**Hours Available to Work:**

Mon	<input type="text"/>
Tues	<input type="text"/>
Wed	<input type="text"/>
Thurs	<input type="text"/>
Fri	<input type="text"/>
Sat	<input type="text"/>
Sun	<input type="text"/>

Full-Time    Part-time    Full or part-time    Seasonal

When available to begin work?

**Education**

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>
College Bus. or Trade School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been convicted of a crime:  yes  no  
 If yes, please explain

Do you have a drivers license?  yes  no

State of issue:

Have you had any accidents in the past 3 years?  yes  no

How many?

Do you had any moving violations in the past 3 years?  yes  no

How many?

# Previous Employment (list up to 3)

**1.**

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  yes  no

**2.**

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  yes  no

### 3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer:  yes  no

Skills:

Typing:

Computer:  PC  Mac  Both

Applications (list all that apply):

Other Skills:

### Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be directed to the Human Resources Director before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the City of Crown Point to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any and all other characteristic protected by Federal, State, or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the City of Crown Point from all liability that might result from making an investigation.

If hired, I agree to abide by all City employment rules and regulations, and understand that if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the City or me. I further understand that no representation, whether oral or written by any representative or agent of the City, at any time, can constitute a contract of employment. I understand that the City and its administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the City, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant my permission to confirm the information supplied by me on this application.

**Applicant Signature:**

**Date:**

\*\* If submitting online, please type full name followed by last 4-digits of your Social Security # to digitally sign this application Ex: ( John Q Public, 1234).