



Town of Leo-Cedarville
13909 Pony Express Run
PO Box 408
Leo, IN 46765
www.LeoCedarville.com

Application No. _____
Date: _____
Position Applied For: _____

APPLICATION FOR EMPLOYMENT

The Town of Leo-Cedarville an Equal Opportunity Employer (EOE) and will consider all applicants for all positions equally without regard to race, sex, age, religion, national origin, veteran status or any handicap which is not job-related.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL:

Name: _____ Home Phone: () _____
Present Address: _____ Work Phone: () _____
City: _____ State: _____ Zip Code: _____
Social Security No.: _____

Are you a citizen of the U.S. or do you have the legal right to be employed in the U.S.? Yes No

Have you ever been convicted of any crime (excluding minor traffic violations) including DUI? Yes No

If yes, state the offense, location, date and disposition: _____

Note: A conviction will not necessarily disqualify you from employment.

Do you have any obligations or conditions which would limit your ability to travel or work overtime? Yes No

If yes, please explain: _____

Would you be willing to submit to a drug test? Yes No

Drivers License No. _____ State: _____ Type: _____ Currently Valid? Yes No

EMPLOYMENT DESIRED:

Are you seeking: Full-time Part-time Temporary or Summer Employment

Position applying for: _____ Salary Desired: _____

Date Available to Start: _____

Have you ever applied for employment with the Town of Leo-Cedarville? Yes No

Have you ever worked for the Town of Leo-Cedarville? Yes No

If your answer to either of the above questions is yes, please state when and where you applied and/or worked.

How did you learn of this position? _____

Are you now or do you expect to be engaged in any other business or employment? Yes No

Are there any days or hours you would be unable to work? Yes No

If your answer is yes, please specify those days or hours you would be unable to work. _____

EDUCATION:

Name, Address and Location	Dates	Graduate?	Courses Studied
High School		<input type="checkbox"/> Yes Diploma: <input type="checkbox"/> No	
College	From: To:	<input type="checkbox"/> Yes Degree: <input type="checkbox"/> No	
Trade School	From: To:	<input type="checkbox"/> Yes Diploma: <input type="checkbox"/> No	
Special Training			

If you did not graduate, why did you leave high school or college? _____

Are you planning to pursue further studies? Yes No

If yes, when, where and what courses? _____

List any scholastic honors, offices held and activities involved in during high school and/or college: _____

WORK HISTORY:

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR.

DO NOT REFERENCE YOUR RESUME.

Name of Employer: _____	<u>Dates Employed</u>	<u>Pay</u>
Address: _____	From: Mo./Yr. _____	Starting: \$ _____
City: _____	To: Mo./Yr. _____	Ending: \$ _____
State: _____ Zip Code: _____	_____	
Area Code: () Telephone No. _____	Name and Title of Last Supervisor: _____	
Job Title: _____	_____	
Duties: _____	Nature of Business: _____	
Reason for Leaving: _____	_____	

Name of Employer: _____	<u>Dates Employed</u>	<u>Pay</u>
Address: _____	From: Mo./Yr. _____	Starting: \$ _____
City: _____	To: Mo./Yr. _____	Ending: \$ _____
State: _____ Zip Code: _____	_____	
Area Code: () Telephone No. _____	Name and Title of Last Supervisor: _____	
Job Title: _____	_____	
Duties: _____	Nature of Business: _____	
Reason for Leaving: _____	_____	

Name of Employer: _____	<u>Dates Employed</u>	<u>Pay</u>
Address: _____	From: Mo./Yr. _____	Starting: \$ _____
City: _____	To: Mo./Yr. _____	Ending: \$ _____
State: _____ Zip Code: _____	_____	
Area Code: () Telephone No. _____	Name and Title of Last Supervisor: _____	
Job Title: _____	_____	
Duties: _____	Nature of Business: _____	
Reason for Leaving: _____	_____	

WORK HISTORY (Continued)

Name of Employer: _____	<u>Dates Employed</u>	<u>Pay</u>
Address: _____	From: Mo./Yr. _____	Starting: \$ _____
City: _____	To: Mo./Yr. _____	Ending: \$ _____
State: _____ Zip Code: _____		
Area Code: () Telephone No. _____	Name and Title of Last Supervisor: _____	
Job Title: _____	Nature of Business: _____	
Duties: _____		
Reason for Leaving: _____		

Name of Employer: _____	<u>Dates Employed</u>	<u>Pay</u>
Address: _____	From: Mo./Yr. _____	Starting: \$ _____
City: _____	To: Mo./Yr. _____	Ending: \$ _____
State: _____ Zip Code: _____		
Area Code: () Telephone No. _____	Name and Title of Last Supervisor: _____	
Job Title: _____	Nature of Business: _____	
Duties: _____		
Reason for Leaving: _____		

Name of Employer: _____	<u>Dates Employed</u>	<u>Pay</u>
Address: _____	From: Mo./Yr. _____	Starting: \$ _____
City: _____	To: Mo./Yr. _____	Ending: \$ _____
State: _____ Zip Code: _____		
Area Code: () Telephone No. _____	Name and Title of Last Supervisor: _____	
Job Title: _____	Nature of Business: _____	
Duties: _____		
Reason for Leaving: _____		

MILITARY:

Have you served in the military? Yes No

Service Branch: _____ Date Entered: _____

Date Separated: _____ Final Rank: _____

Are you a member of a reserve organization? Yes No

CAPABILITY/RELIABILITY:

Do you have the ability to perform the particular job for which you are applying? Yes No

Have you filed any type of fraudulent claim against any of your present or past employers? Yes No

If yes, please explain: _____

Will you abide by the safety rules of the Town of Leo-Cedarville? Yes No

How many days of work (or school) have you missed in the last two years? _____ Reason: _____

How many times have you been late for work (or school) in the last two years? _____ Reason: _____

Is there any reason why you would be unable to report to work on time every day on a regular and consistent basis?

Yes No If yes, please explain: _____

SUPPLEMENTAL EMPLOYMENT INFORMATION:

If you worked in any of your previous positions under another name, please give that name: _____

Are you presently employed?..... Yes No

If yes, may we contact your present employer?..... Yes No

Have you ever been terminated, or asked to resign from a job?..... Yes No

If yes, please explain: _____

SPECIAL SKILLS:

Do you type?..... Yes No Words per Minute _____

Do you take shorthand?..... Yes No Words per Minute _____

Do you have computer/word-processing experience or training?..... Yes No

If yes, please describe: _____

What languages do you speak fluently? _____

Use the space below to describe why you are interested in working for the Town of Leo-Cedarville and list those skills and abilities you feel particularly qualify you for a position with us. If you need more space, please continue on a separate sheet of paper and attach to this Application for Employment.

REFERENCES:

List three references familiar with your work experience (not relatives).

Name	Address	Phone No.	Occupation
1.			
2.			
3.			

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge.

I hereby authorize the Town of Leo-Cedarville to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. In addition, I hereby waive my right to bring any cause of action against these individuals for defamation, invasion of privacy or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of the Town of Leo-Cedarville. I further understand that nobody in the Town of Leo-Cedarville is authorized to enter into any written or verbal employment contracts with me for any definite period of time without the express written consent of the full approval of Town Council. I also understand that my employment is "at-will" and I may terminate employment or the Town of Leo-Cedarville may terminate my employment at any time for any reason or no reason at all, with or without prior notice.

Signature: _____ Date: _____ / _____ / _____

TOWN OF LEO-CEDARVILLE USE ONLY

Interviewed by:

Interview remarks:

Is the operation of a Town owned vehicle a job requirement?..... Yes No
 If yes to above, has a request for driver's record been made?..... Yes No

The Town of Leo-Cedarville has made every effort to insure compliance with Federal and State regulations. The Town assumes no responsibility for the use of this form.