



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

Date: \_\_\_\_\_  
Position Applied For: \_\_\_\_\_

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## APPLICATION FOR EMPLOYMENT

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The Town of Leo-Cedarville is 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.

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### PERSONAL:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Present Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Type: \_\_\_\_\_ Currently Valid?  Yes  No

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**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.

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How did you learn of this position? \_\_\_\_\_

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Are you employed at another business?                       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. \_\_\_\_\_

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**EDUCATION:**

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

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

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**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 write on back if you need more room.

**PLEASE GIVE MONTH AND YEAR,**

**DO NOT REFERENCE YOUR RESUME.**

Name of Employer: _____	<u>Dates Employed</u>	
Address: _____	From: Mo./Yr. _____	Starting: \$ _____
City: _____	To: Mo./Yr. _____	Ending \$ _____
State: _____ Zip Code: _____	_____	
Phone: (        ) _____	Name and Title of Last Supervisor:	
Job Title: _____	_____	
Duties: _____	Nature of Business:	
Reason for Leaving: _____	_____	

Name of Employer: _____	<u>Dates Employed</u>	
Address: _____	From: Mo./Yr. _____	Starting: \$ _____
City: _____	To: Mo./Yr. _____	Ending: \$ _____
State: _____ Zip Code: _____	_____	
Phone: (        ) _____	Name and Title of Last Supervisor:	
Job Title: _____	_____	
Duties: _____	Nature of Business:	
Reason for Leaving: _____	_____	

Name of Employer: _____	<u>Dates Employed</u>	
Address: _____	From: Mo./Yr. _____	Starting: \$ _____
City: _____	To: Mo./Yr. _____	Ending: \$ _____
State: _____ Zip Code: _____	_____	
Phone: (        ) _____	Name and Title of Last Supervisor:	
Job Title: _____	_____	
Duties: _____	Nature of Business:	
Reason for Leaving: _____	_____	

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**MILITARY:**

Have you served in the military?  Yes  No

Service Branch: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Date Separated: \_\_\_\_\_ Rank: \_\_\_\_\_

Are you a member of a reserve organization?  Yes  No

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**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: \_\_\_\_\_

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

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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: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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? \_\_\_\_\_

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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.

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**REFERENCES**

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

Name	Address	Phone No.	Occupation
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1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

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**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: \_\_\_\_\_

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