



APPLICATION FOR EMPLOYMENT

The City of Columbia City does not discriminate upon the basis of race, age, gender, religion, national origin, disability or any other characteristic protected by law. The City of Columbia City will provide reasonable accommodations to qualified individuals with disability.

Please type or print responses to all the questions contained on the entire application form. Any application not completed in it's entirety will be disqualified.

POSITION SOUGHT

LAST NAME:

FIRST NAME:

MIDDLE INITIAL:

FORMER NAMES:

HOME ADDRESS:

COUNTY:

CITY/STATE/ZIP:

HOME PHONE: ()

SOCIAL SECURITY NUMBER

ARE YOU AN ADULT?

YES:

NO:

EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

CURRENT EMPLOYER:

(Enter "none" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?

YES _____ NO _____

CURRENT EMPLOYER'S ADDRESS:

PHONE NUMBER:

JOB TITLE:

SUPERVISOR'S NAME:

BEGINNING SALARY: PER: (hr./year)

ENDING SALARY: PER: (hr./year)

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.

WHY DID YOU (OR DO YOU WANT TO) LEAVE:

PREVIOUS EMPLOYER:

ADDRESS:

PHONE NUMBER:

DATE EMPLOYED:

TO:

JOB TITLE:

SUPERVISOR'S NAME:

BEGINNING SALARY:

ENDING SALARY:

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC:

WHY DID YOU LEAVE?

PREVIOUS EMPLOYER:

ADDRESS:

PHONE NUMBER:

DATE EMPLOYED:

TO:

JOB TITLE:

SUPERVISOR'S NAME:

BEGINNING SALARY:

ENDING SALARY:

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC:

WHY DID YOU LEAVE?

PREVIOUS EMPLOYER:

ADDRESS:

PHONE NUMBER:

DATE EMPLOYED:

TO:

JOB TITLE:

SUPERVISOR'S NAME:

BEGINNING SALARY:

ENDING SALARY:

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC:

WHY DID YOU LEAVE?

PREVIOUS EMPLOYER:

ADDRESS:

PHONE NUMBER:

DATE EMPLOYED:

TO:

JOB TITLE:

SUPERVISOR'S NAME:

BEGINNING SALARY:

ENDING SALARY:

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC:

WHY DID YOU LEAVE?

EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training that you have completed and to demonstrate your skills, knowledge and abilities to perform the job duties of the position.

HIGH SCHOOL ATTENDED::

ADDRESS:

DID YOU GRADUATE: HIGH SCHOOL EQUIVALENT (GED)?

ACTIVITIES, AWARDS, SPORTS, ETC:

COLLEGE OR TRADE SCHOOL ATTENDED:

ADDRESS:

DATES OF ATTENDANCE:

TO:

DID YOU GRADUATE?

DEGREE:

GRADUATE SCHOOL(S) ATTENDED:

ADDRESS:

DATES OF ATTENDANCE:

TO:

DID YOU GRADUATE?

DEGREE:

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION?

YES: _____ NO: _____

If yes, please explain:

If yes, please explain:

PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU:

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

AVAILABILITY INFORMATION: (Please check a box for each question)

Are you interested in:

	Yes	No
Full-Time Permanent Work	_____	_____

Part-Time Work:	_____	_____
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Temporary Work:	_____	_____
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Saturday Work:	_____	_____
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Sunday Work:	_____	_____
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PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. I understand and accept that if I am hired, I may be hired conditional upon passing any medical/or psychological examinations that the employer, the Pension Board or the Police Academy deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials _____

2. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that it will be necessary for the employer to investigate my background, including background checks for criminal or unlawful activity or credit checks.

Initials _____

3. I understand that it may be necessary for me to approve and sign any waivers necessary order for the employer to obtain information from your current and former employers and educational transcripts from schools, colleges, or universities I attended.

Initials _____

4. I understand that the employer provides a seven day per week and twenty four hour per day se-vice ,and therefore, if employed, I may be required to work evening shifts or night shifts, including weekends.

Initials _____

5. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials _____

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATIONS OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I AUTHORIZE INVESTIGATION OF MY BACKGROUND, INCLUDING FOR ANY CRIMINAL OR UNLAWFUL ACTIVITY OR CREDIT CHECKS.

BY THE SUBMISSION OF THIS DOCUMENT, I HEREBY AGREE THAT I SHALL EXECUTE THE EMPLOYER'S. CONDITIONAL AND POST-EMPLOYMENT MEDICAL EXAMINATION AND DRUG TESTING CONSENT FORMS. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE OR ALCOHOL ABUSE.

(Applicant's signature)

(Date)

This application will only be under active consideration for ninety (90) days.

NOTE: MUST BE FILED SEPARATE FROM EMPLOYMENT APPLICATION

Regulations of the Equal Employment Opportunity Commission (EEOC) require employers to compile data regarding the nature and make-up of their work forces in order to further the goals of Title VII of the Civil Rights Act of 1964, as amended. Your responses to the following questions will help the employer comply with this requirement. Completion of this questionnaire is entirely voluntary on your part. Should you opt to complete the questionnaire, your response will be used by the employer solely for the purposes of preparing the reports required by the EEOC. Your response will be kept confidential and will play no part in the employer's evaluation of your employment performance or status, or your treatment as an employee. The completed questionnaire will be kept separate from your personnel file.

NAME: _____

AGE: _____

SEX: _____

RACIAL AND ETHNIC CATEGORIES:

White (not of Hispanic origin): _____

Black (not of Hispanic origin): _____

Hispanic: _____

Asian or Pacific Islander _____

American Indian or Alaska Native _____

DISABILITY: (Please Describe) _____

VETERAN: Yes: _____ No: _____

If yes, did you serve in Vietnam? Yes: _____ No: _____