

TOWN OF SYRACUSE
310 N. HUNTINGTON STREET
SYRACUSE, INDIANA 46567

APPLICATION FOR EMPLOYMENT

The Town of Syracuse is an equal opportunity employer and all applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. However, all applicants must meet all physical and mental requirements required to perform the job of which they are applying.

Please print or type the information below:

Department applied for: ___ Public Works ___ Parks Department
 ___ Clerk Treasurer ___ Police Department
 ___ Full-time ___ Part-time

Name: _____ Date of Application _____

Home Address _____

City _____ State _____ Zip _____

Telephone number _____ Alternate Number _____

Social Security Number _____

Have you ever applied with the Town of Syracuse before: ___ Yes ___ No

If yes, when: _____

Can you travel if the job requires: ___ Yes ___ No

Are you willing to relocate if necessary: ___ Yes ___ No

May we contact your current employer: ___ Yes ___ No

Employment History

Employer: _____ **Dates:** _____

Address: _____

Phone number: _____ **Supervisor:** _____

Position held: _____

Reason for Leaving: _____

Employer: _____ **Dates:** _____

Address: _____

Phone number: _____ **Supervisor:** _____

Position held: _____

Reason for Leaving: _____

Employer: _____ **Dates:** _____

Address: _____

Phone number: _____ **Supervisor:** _____

Position held: _____

Reason for Leaving: _____

Education

Elementary School: _____

High School: _____

Diploma _____

GED _____

College: _____

Associates Degree _____ Bachelors Degree _____

Specialized training or skills: _____

References (List 3 references, 2 professional and 1 Personal)

1. Name _____ Phone Number _____

2. Name _____ Phone Number _____

3. Name _____ Phone Number _____

Certification

I _____ certify that all answers given on this application are true and complete to the best of my knowledge. In the event of employment, I understand that any false or misleading information given on my application or during an interview may result in termination. I also understand that I am required to abide by all rules and regulations of the Town of Syracuse and the Department. I also understand that there may be rules and regulations specific to the individual departments of the town and that I must abide by and meet those requirements.

Signature _____

Release of Information

I _____ do authorize the release of any and all records concerning my employment, school, drivers license and criminal background check to the Town of Syracuse.

Signature _____

Witness _____