APPLICATION FOR EMPLOYMENT



This application form must be filled out completely. Do not leave a question blank. If a question is not applicable, then enter "N/A." A resume may be submitted in addition to the application. This application and any resume submitted becomes a public record and may be subject to disclosure under Indiana's Public Records Act.

Please return by mail or fax to: City of Goshen Human Resources Office 204 East Jefferson Street, Suite 3 Goshen, Indiana 46528 Fax: (574) 534-2410

Position applying fo	- Fax: (5	Fax: (5/4) 534-2410					
None							
Name: Last			Middle				
Address: Street		(City	State	Zip Code		
Telephone:			· 				
(This is optional; how	•	ed to provide your social s to be employed in the US	•	are selected for an int	erview.)		
Are you at least 18 y	rears of age? □ Yes	☐ No If not, can	you furnish a work per	mit? □ Yes □	No		
	sition you are applying for the following information	or, do you currently posse on:	ss a valid driver's licen	se? □ Yes □ I	No		
Type of License (Check One): Operator's License Commercial Driver's License, Class Chauffeur's License Number: Expiration Date:							
		offense (felon or misdeme					
	of the case. (Note: A crim	paper, giving the date and inal conviction may not no					
•	ny City of Goshen employ	yee? □ Yes □ No					
					ed that I am hired		
Date you would be a	valiable to begin work			laye and boing nounc	ou that i am imou.		
		EDUCA	TION				
		Ī					
	School Name	City/State	Years Completed	Field of Study	Diploma/Degree		
High School							
College/University							
Business/Technical							
Other							

List any other	education, skill:	s, training, licenses	or certifications that	you have which will	be of special benefit	in the position for w	/hich yoι
are applying:							

EMPLOYMENT DATA

List present and past employment, starting with the most recent. Military service and volunteer work may also be included. If the space below is not sufficient, please attach an additional page.

Address: Street		City	State		Zip Code
Telephone:		,	May we contact for a reference?	□ Yes	'
Dates of Employment:			Salary/Wage Received:		
Job Title:			Name of Supervisor:		
Summarize Job Duties/Responsibilities:					
Reason for Leaving:					
Employer:					
Address:					
Street		City	State		Zip Code
Telephone:			May we contact for a reference?	□ Yes	□ No
Dates of Employment:	to		Salary/Wage Received:		
Job Title:			Name of Supervisor:		
Summarize Job Duties/Responsibilities:					
Reason for Leaving:					
Employer:					
Address:					
Street		City	State		Zip Code
Telephone:			May we contact for a reference?		
Dates of Employment:			Salary/Wage Received:		
Job Title:			Name of Supervisor:		
Summarize Job Duties/Responsibilities:					
Reason for Leaving:					

REFERENCES

Provide names of three references who are willing to provide professional and/or character references for you.

Name:					
Address:					
	reet	City	Capacity Known:	State	Zip Code
Name:					
Address:					
	reet	City	Capacity Known:	State	Zip Code
Name:					
Address:					
	reet	City	Capacity Known:	State	Zip Code
Upon the application employme companie disciplinar release an notice of disclosure period of rules, pol changed cause, at	IZATION AND UNDERSTANDING: (Plear signing of this application, I represent in for employment is true and complete. I ent, education, driving record, criminal es, institutions or agencies and I authorizery employment record, without any obligating information requested by any of my presuch disclosure. I hereby release the estable information in semigroup many false information in semigroup ment. If hired, I agree I will selicies, regulations and terms and conditivith or without notice to me. I agree that the rof the City of Goshen. I further agree the	that all of the in authorize the C history, credit has to release them to release to spective or subserve at the will of the constant of employing the constant of employing the constant of t	information now or lity of Goshen to verification or medical lists see such information written notice of such assequent employers liability whatsoever polication may subject the City of Goshen ment of the City of may terminate the ess may only be altered	rify any of the infonistory with the as the City request of disclosure. I a without any oblig as a result of at me to discharg and I agree that Goshen as the employment related in writing direct	appropriate individuals, uires, including my prior lso authorize the City to gation to give me written any such inquiries and e at any time during the I shall be bound by the y are from time-to-time ionship, with or without sted to me personally by
Goshen ir such time	f Goshen in which the City of Goshen pre n defense of said claims or actions, inclu as the results of my pre-employment phy	uding attorneys sysical (if such ph	fees. I further agree ysical is required) a	that my employ re known.	ment is conditional until
Signature	e of Applicant:		Dа	te:	

The City of Goshen is an Equal Opportunity Employer and does not discriminate on the basis of race, religion, color, gender, age, national origin, disability or military status with respect to hire, tenure, terms, conditions, or privileges of employment or any matter directly or indirectly related to employment.

The City of Goshen is a drug free and smoke free workplace.