



**City of Connersville**  
**500 N. Central Avenue**  
**Connersville, IN 47331**  
**765-825-1271 Fax 765-827-0858**

Application Number: \_\_\_\_\_

**Application Form**

*Equal Opportunity Employer- Discrimination in employment because of race, religion, creed, color, natural origin, ancestry, disability, age, sex, or liability for service in the Armed Forces of the United States is prohibited by City policy. In addition, the City employment policy requires compliance with national and state employment practices, laws, and regulations. The City is an equal opportunity employer.*

Date: \_\_\_\_\_

Last Name	First Name	M.I.
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Address1 \_\_\_\_\_

Address2 \_\_\_\_\_

City	State	Zip
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Day Phone	Night Phone	Cell Phone
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Email Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Department: \_\_\_\_\_

Are you 18 years or older?      Yes      No    If no, state age: \_\_\_\_\_

Have you ever worked for the City of Connersville?      Yes      No

If yes, Name used when employed: \_\_\_\_\_

Department Worked In: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Is any member of your family employed by the City of Connersville?      Yes      No

If yes, provide Name, Relation, and Department: \_\_\_\_\_

Have you ever been convicted of any crime other than a traffic infraction?      Yes      No

If yes, what charge(s)? \_\_\_\_\_

Country/ State: \_\_\_\_\_ Date(s): \_\_\_\_\_

Can you show proof of eligibility to work in the United States?      Yes      No

*If offered employment with the City, you will be required by federal law, to furnish documents showing you are eligible to work in the U.S. Individuals who do not furnish these documents can not work for the City.*

**Education**

High School: \_\_\_\_\_

Address: \_\_\_\_\_

Received:             Diploma             Certificate of Completion             G.E.D.

College, University or Professional School:

Address: \_\_\_\_\_

Major/Minor Course of Study \_\_\_\_\_ Did you graduate?     Yes     No

Type of Degree received? \_\_\_\_\_

**Experience**

*Describe your work experience beginning with your current or most recent job. Use a separate block to describe each position. Include volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps of employment. If needed, attach additional sheets, using the same format as on the application. Resumes are acceptable for the description of duties and responsibilities. All information in this section must be completed.*

Name of Present or Last Employer: \_\_\_\_\_

Street/City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

May we contact your employer?              Yes              No              Later

Wage/Salary: \$ \_\_\_\_\_              Part Time     Full Time

Name of Previous Employer:

Street/City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

May we contact your employer?              Yes              No              Later

Wage/Salary: \$ \_\_\_\_\_              Part Time     Full Time

Name of Previous Employer: \_\_\_\_\_

Street/City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

May we contact your employer?   Yes   No   Later

Wage/Salary: \$ \_\_\_\_\_   Part Time   Full Time

Name Previous Employer: \_\_\_\_\_

Street/City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Job Title: \_\_\_\_\_ Dates: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason(s) for Leaving: \_\_\_\_\_

May we contact your employer?   Yes   No   Later

Wage/Salary: \$ \_\_\_\_\_   Part Time   Full Time

Comments including explanation of any gaps in employment:

\_\_\_\_\_

### **Military Service**

Branch: \_\_\_\_\_ Dates: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### **Drivers License**

*Please complete only if applying for a position which requires driving as stated in posted job requirements.*

Issuing State: \_\_\_\_\_ License #: \_\_\_\_\_

CDL Classification, if applicable: \_\_\_\_\_

With previous employment, within the last 2 years, have you participated in random testing for substance abuse?   Yes   No

**Other Licensure, Registration, Certification:** *Examples PE, CPA, Wastewater-Drinking Classification*

Type of License: \_\_\_\_\_ Issuing State: \_\_\_\_\_

License or Certification #: \_\_\_\_\_

List experience, education, or training you have had which particularly qualifies you for the job for which you are applying?

\_\_\_\_\_  
\_\_\_\_\_

List any machinery or motor equipment you operate efficiently:

\_\_\_\_\_  
\_\_\_\_\_

List Clerical Skills, Interaction Skills, Organizational Skills:

\_\_\_\_\_  
\_\_\_\_\_

List Computer Skills/Knowledge:

\_\_\_\_\_  
\_\_\_\_\_

**Personal References**

*Please list three individuals who are not related to you and do not live with you.*

Name 1: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

How Do You Know This Person? \_\_\_\_\_ How Long Have You Known? \_\_\_\_\_

Name 2: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

How Do You Know This Person? \_\_\_\_\_ How Long Have You Known? \_\_\_\_\_

Name 3: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

How Do You Know This Person? \_\_\_\_\_ How Long Have You Known? \_\_\_\_\_

**Conclusion**

I hereby certify that to the best of my knowledge all of the information contained in this application is true.

All statements on the application and attachment are subject to verification. Exaggerated, false or misleading statements and the omission of facts called for on this application may be cause for rejection of the application and / or termination of employment.

I authorize anyone to whom request is made to supply the City with any relevant information concerning my background in connection with employment consideration. I hereby release all parties including, but not limited to the City and my prior employers, from any and all liability for damage that may result from their furnishing information concerning me.

I voluntarily agree to submit to a drug test as part of my application for employment. I understand that either my refusal to submit or failure to pass the drug test will disqualify me from further consideration of employment.

I understand that if the City employs me, my employment will be at the will and pleasure of the City and may be terminated by the City at any time.

I understand that my employment, if for a driving position, is contingent upon having a clean driving record for the immediate past three years, and I hereby give my permission to the City to make investigations related to this contingency.

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**Applicant Signature**

**Date**

**An Equal Opportunity Employer  
M/F/V/H**



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**M/F/V/H**

*The following statistical information is required for compliance with Federal Laws.  
The information requested is voluntary and will remain separate from your application for employment.*

**Position Applied For:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Category:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Exec / Sr. Lvl Officials & Mgrs   | <input type="checkbox"/> Professional        | <input type="checkbox"/> Craft Workers (Skilled)      |
| <input type="checkbox"/> First / Mid Lvl Officials & Mgrs. | <input type="checkbox"/> Technician          | <input type="checkbox"/> Operatives (Semi-Skilled)    |
|  | <input type="checkbox"/> Sales               | <input type="checkbox"/> Labors & Helpers (Unskilled) |
|  | <input type="checkbox"/> Office and Clerical | <input type="checkbox"/> Service Workers              |
|  | <input type="checkbox"/> Protective Services |   |

**EEO Codes:**

- |  |   |
|--|---|
| <input type="checkbox"/> Male                      | <input type="checkbox"/> Female                           |
| <input type="checkbox"/> Non Hispanic White        | <input type="checkbox"/> American Indian / Alaskan Native |
| <input type="checkbox"/> Non Hispanic Black        | <input type="checkbox"/> Asian or Pacific Island          |
| <input type="checkbox"/> Hispanic (Spanish Origin) | <input type="checkbox"/> Other (Two or More)              |

**Are you a Veteran?**

- Yes  No

**If yes, are you a Vietnam Era Veteran?**

- Yes  No

**Referral Source:**

- |  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> Bulletin Board  | <input type="checkbox"/> Advertising / Newspaper | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Walk-In         | <input type="checkbox"/> Website / Internet      | <input type="checkbox"/> Other |
| <input type="checkbox"/> Agency Referral | <input type="checkbox"/> Friend / Employee       |                                |