

City of Ligonier

Employment Application

| APPLICANT INFORMATION | | | | | | | | | | | |
|---------------------------------------------------|----------------------|------------|-------------------|----------------------------------------------------------------------------------------|--------------|-----------------|----------------|--|-------------|--------------|--|
| Last Name | | | | First | | | | | M.I. | Date | |
| Street Address | | | | | | | | | Apartment/U | Init # | |
| City | | | | State | | | | | ZIP | | |
| Phone | | | | E-mail Address | | | | | | | |
| | | | s License mber | | | | Desired Salary | | | | |
| Position Applied for | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | NO \square If no, are you authorized to work in the U.S.? YES \square NO \square | | | | | | ? YES 🗆 NO 🗆 | |
| Have you ever worked for this company? YES \Box | | | | NO 🗆 | If so, when? | | | | | | |
| Have you ever been convicted of a felony? YES | | | | NO 🗆 | If yes, | If yes, explain | | | | | |
| | | | | | | | | | | | |
| EDUCATION | | | | | | | | | | | |
| High School | School | | | Address | | | | | | | |
| From | То | Did you gr | aduate? | YES 🗆 | NO [| □ Degree | | | | | |
| College | | | | Address | | | | | | | |
| From | Γο Did you graduate? | | YES 🗆 | NO Degree | | | | | | | |
| Other | | | | Address | | | | | | | |
| From | To Did you graduate? | | | YES NO Degree | | | Degree | | | | |
| | | | | | | | | | | | |
| REFERENCES | | | | | | | | | | | |
| Please list three prof | fessional refere | ences. | | | | | | | | | |
| Full Name | | | | | Relationship | | | | | | |
| Company | | | | | Phone | | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | | | | Relationship | | | | | |
| Company | | | | | | Phone | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | | | | Relationship | | | | | |
| Company | | | | | | Phone | | | | | |
| Address | | | | | | | | | | | |

City of Ligonier - Employment Application

| EMPLOYMENT – STARTING WITH CURRENT EMPLOYER FIRST | | | | | | | | |
|----------------------------------------------------------------------|-----------------------|--------------------|-----------------|------------------|------------------|--|--|--|
| Company | | | Phone | | | | | |
| Address | | | Supervisor | | | | | |
| Job Title | | Starting Salary | \$ | Ending Salary \$ | | | | |
| Responsibilities | | | | | | | | |
| From | То | Reason for Leaving | | | | | | |
| May we contact your current su | upervisor for a refe | rence? | NO | | | | | |
| Company | | | Phone | | | | | |
| Address | | | Supervisor | | | | | |
| ob Title | | | Starting Salary | \$ | Ending Salary \$ | | | |
| Responsibilities | | | | | | | | |
| From | To Reason for Leaving | | | | | | | |
| May we contact your previous supervisor for a reference? YES NO | | | | | | | | |
| Company | | | Phone | | | | | |
| Address | | | Supervisor | | | | | |
| Job Title | | | Starting Salary | \$ | Ending Salary \$ | | | |
| Responsibilities | | | | | | | | |
| From | То | Reason for Leaving | I | | | | | |
| May we contact your previous supervisor for a reference? YES NO | | | | | | | | |
| | | | | | | | | |
| SKILLS AND QUALIFICATIONS (LICENSES, SKILLS, TRAINING, AWARDS, ETC.) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

AUTHORIZATION AND UNDERSTANDING

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application for employment is true and complete. I authorize you to verify any of the information concerning my employment, education, driving record, criminal history, credit history or medical history with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that any false information in support of my application may be subject me to discharge at any time during the period of my employment. If hired, I agree I will serve at the will of the City of Ligonier and I agree that I shall be bound by the rules, policies, regulations, and terms and conditions of employment of the City of Ligonier as they are from time-to-time changed with our without notice to me. I agree that either party may terminate the employment relationship, with or without cause, at any time for any reason. I agree that these arrangements may only be altered in writing directed to me personally by the Albion Town Manager. I further agree that if I should bring any action or claim arising out of my employment against the City of Ligonier in which the City of Ligonier prevails, I will pay to the City of Ligonier any and all costs incurred by the City of Ligonier in defense of said claims or actions, including attorney's fees. I further agree that my employment is conditional until such time as the results of my pre-employment physical (if such physical is required) are known.

| Applicants Signature | Date |
|----------------------|------|
|----------------------|------|