



## City of Ligonier Employment Application

### Personal Information

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Today's Date \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_ Notification Preference \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Paper \_\_\_\_\_

Are you legally eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever previously been employed by this City? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you seeking reinstatement to the same or similar position? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently working for the City as a regular or temporary employee? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you now or have you ever had a relative employed by this City? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who? \_\_\_\_\_

Have you ever been arrested or convicted of a crime that has not been expunged by a court? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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\*Candidates selected for probable employment who are age 18 or older may be required to consent to a background check as a condition of employment.

### Employment Desired

Position Desired \_\_\_\_\_ Date Available to Work \_\_\_\_\_  
(Please list the title of the position as posted and do not leave blank or list "any.")

Status Desired Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Desired Hourly Rate/Base Salary \_\_\_\_\_

Are you available to work:

Weekday/daytime hours? Yes \_\_\_\_\_ No \_\_\_\_\_ Weekday/evening hours? Yes \_\_\_\_\_ No \_\_\_\_\_

Saturday? Yes \_\_\_\_\_ No \_\_\_\_\_ Sunday afternoon? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, may we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

### Referral Source

\_\_\_\_\_ Friend \_\_\_\_\_ City Employee \_\_\_\_\_ Walk In \_\_\_\_\_ Newspaper \_\_\_\_\_ Website \_\_\_\_\_ Other \_\_\_\_\_

Educational Information	School Name/Location	Number of Years	Degree Received	Subjects Studied/Major
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other (Technical School, Post-Graduate, Etc.)	_____	_____	_____	_____

### Military Service

Have you served in the U.S. Armed Forces on active duty? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch(es) \_\_\_\_\_ Discharge Date(s) \_\_\_\_\_ Rank \_\_\_\_\_

Current Military Status \_\_\_\_\_ Are you a member of the Military Reserves Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

**Employment History – Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent position and working backwards in time. Attach additional sheets of paper if needed. Incomplete information could disqualify you from further consideration.**

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position Title \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Briefly Describe Duties \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position Title \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Briefly Describe Duties \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_  
Month/Year Month/Year

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Position Title \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Briefly Describe Duties \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

**Other Skills/Memberships and Affiliations**

Do you have any special skills, volunteer experience, and/or training that would enhance your ability to perform the position applied for?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain: \_\_\_\_\_

Do you hold a license or professional certification?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please specify: \_\_\_\_\_

Do you participate in any professional associations that would enhance your ability to perform the position applied for?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please explain: \_\_\_\_\_

**References – List the names of three persons not related to you, and preferably who you have worked with/for and whom you have know at least three years.**

Name	Company Name	Address/Phone/Email	Years Known
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**AUTHORIZATION AND UNDERSTANDING**

The City of Ligonier is an equal opportunity employer. The City of Ligonier does not discriminate in employment on account of race, color, religion, sex (pregnancy, gender identity, and sexual orientation), national origin, age (40 and over), disability, genetic information as referenced in the Genetic Information Nondiscrimination Act (GINA), military service veteran status, or any other protected class as defined by federal, state, and local laws. The City of Ligonier will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes an obligation for the City of Ligonier to hire me. If I am hired, I understand that either the City of Ligonier or I may terminate employment at any time for any reason, with or without cause and without prior notice. I understand that no representative of the City of Ligonier has the authority to make any assurance to the contrary. In addition, I understand that the City of Ligonier utilizes the national E-Verify system to confirm my employment eligibility.

I attest with my signature below that I have given the City of Ligonier true and complete information on this application. No requested information has been concealed. I authorize the City of Ligonier to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that wish will constitute cause for denial of employment or immediate dismissal.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Note: Applications for employment will be kept on file for three (3) years from the date of completion.