

**CITY OF KENDALLVILLE  
APPLICATION FOR EMPLOYMENT**

**FORM D**

*AN EQUAL OPPORTUNITY EMPLOYER*

**Please type or print responses in black or blue ink to all of the questions contained on the entire application form. Any application not completed in its entirety will be disqualified.**

POSITION SOUGHT: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

FORMER NAMES: \_\_\_\_\_  
\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ COUNTY: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ARE YOU AN ADULT?                      YES: \_\_\_\_\_                      NO: \_\_\_\_\_

# EMPLOYMENT HISTORY AND WORK EXPERIENCE

**In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.**

CURRENT EMPLOYER: \_\_\_\_\_  
(Enter "none" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?

YES: \_\_\_\_\_ NO: \_\_\_\_\_

CURRENT EMPLOYER'S ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE EMPLOYED: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_

ENDING SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,

ETC: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHY DID YOU (OR DO YOU WANT TO) LEAVE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_

ENDING SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,  
ETC: \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_

ENDING SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,  
ETC: \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_

ENDING SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,  
ETC: \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATES EMPLOYED: \_\_\_\_\_ TO: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

BEGINNING SALARY: \_\_\_\_\_ PER \_\_\_\_\_

ENDING SALARY: \_\_\_\_\_ PER \_\_\_\_\_

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS,  
ETC: \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

## EDUCATION AND TRAINING

**This section is intended to give the Employer information about the education and training that you have completed, and to demonstrate your skills, knowledge and abilities to perform the job duties of the position.**

HIGH SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ HIGH SCHOOL EQUIVALENT (GED)? \_\_\_\_\_

ACTIVITIES, AWARDS, SPORTS, ETC.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COLLEGE OR TRADE SCHOOL ATTENDED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF ATTENDANCE: \_\_\_\_\_ TO: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ DEGREE: \_\_\_\_\_

ACTIVITIES, AWARDS, SPORTS, ETC.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GRADUATE SCHOOL(S) ATTENDED: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATES OF ATTENDANCE: \_\_\_\_\_ TO: \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ DEGREE: \_\_\_\_\_

PLEASE LIST BELOW ANY SEMINARS OR SPECIAL TRAINING WHICH YOU BELIEVE WOULD BE RELEVANT TO THE TYPE OF WORK YOU ARE SEEKING:

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PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.

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## PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION?      YES: \_\_\_\_\_      NO: \_\_\_\_\_

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

DO YOU LIVE WITHIN FIFTEEN (15) MILES OF THE CORPORATE BOUNDARIES OF THE CITY OF KENDALLVILLE?      YES \_\_\_\_\_      NO: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY?      YES: \_\_\_\_\_      NO: \_\_\_\_\_

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

### PLEASE LIST FOUR REFERENCES WHO ARE NOT RELATED TO YOU:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

### AVAILABILITY INFORMATION: (Please mark an "X" for each question)

Are you interested in:

	Yes	No
Full-time permanent work	_____	_____
Part-time work	_____	_____
Temporary work	_____	_____

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

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1. I understand and accept that, if I am hired, I may be hired conditional upon passing any medical and/or psychological examinations that the Employer, the Pension Board or the Police Academy deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this shall include drug, alcohol or substance abuse testing.

Initials: \_\_\_\_\_

2. I understand and accept that the Employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the Employer require that the Employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that it will be necessary for the Employer to investigate my background for any criminal or unlawful activity.

Initials: \_\_\_\_\_

3. I understand that it may be necessary for me to approve and sign any waivers necessary in order for the Employer to obtain information from my current and former employers and educational transcripts from schools, colleges or universities I attend.

Initials: \_\_\_\_\_

4. I understand that the Employer provides a seven (7) day per week and twenty-four (24) hour per day service, and therefore, if employed, I may be required to work evening shifts or night shifts, including weekends.

Initials: \_\_\_\_\_

5. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the Employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_



I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATIONS OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I AUTHORIZE INVESTIGATION OF MY BACKGROUND FOR ANY CRIMINAL OR UNLAWFUL ACTIVITY.

BY THE SUBMISSION OF THIS DOCUMENT, I HEREBY AGREE THAT I SHALL EXECUTE THE EMPLOYER'S CONDITIONAL AND POST-EMPLOYMENT MEDICAL EXAMINATION AND DRUG TESTING CONSENT FORMS. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE OR ALCOHOL ABUSE.

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Applicant's Signature

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Date