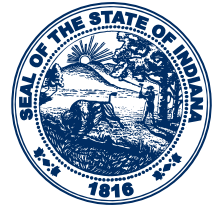




The City of North Vernon, Indiana

Application for Employment

Pre-Employment Questionnaire - Equal Opportunity Employer



PERSONAL INFORMATION			DATE:	
NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	CITY	STATE	ZIP CODE	
PERMANENT ADDRESS	CITY	STATE	ZIP CODE	
PHONE NO.	SECONDARY PHONE NO.,	REFERRED BY		

EMPLOYMENT DESIRED		
POSITION	DATE YOU CAN START	SALARY DESIRED
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		If so, may we contact your employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever applied to the City North Vernon before? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHERE	WHEN

EDUCATION HISTORY	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION	
SUBJECT OF SPECIAL STUDY OR RESEARCH WORK	
SPECIAL TRAINING	
RESEARCH WORK	
U.S. MILITARY OR NAVAL SERVICE	RANK?

EMPLOYMENT HISTORY (List below last four employers, starting with last one first)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (GIVE THE NAMES OF THREE PEOPLE NOT RELATED TO YOU THAT YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete the best of my knowledge and understand that if employed falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans With Disabilities Act (ADA) and other relevant federal and state laws.

I understand that a consumer credit report or criminal records check maybe necessary prior to my employment. If such reports are required, I understand that, in compliance with federal law, the company will provide me with a written notice regarding the use of these reports and we'll also obtain a separate written authorization from me to consent to these reports. I also understand that a poor credit history or conviction will not automatically result in disqualification from employment."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DATE SIGNATURE

(OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE)

DATE INTERVIEWED BY

REMARKS

YEARS				
NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED:

EMPLOYMENT MANAGER DEPARTMENT HEAD GENERAL MANAGER