

CITY OF EVANSVILLE EMPLOYMENT APPLICATION

HUMAN RESOURCES DEPARTMENT
Civic Center Complex, Room 203
1 NW Martin Luther King Jr. Boulevard
Evansville, IN 47708

Applicants are considered for positions with the City of Evansville without regard to race, religion, color, sex, national origin, age, marital or veteran status, disability or any other legally protected status.

(PLEASE PRINT)

Position Desired _____ Announcement Number _____

Are you available to work: Full-Time Part-Time Temporary Seasonal

Date of Application _____

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ State/ZIP _____

Telephone Number _____ Email Address _____ Social Security Number _____

Are you legally eligible for employment in the United States? Yes No
(Proof of US Citizenship or immigration status will be required upon employment)

Are you on layoff and subject to recall? Yes No

Will you work overtime if required? Yes No

Will you agree to a "Post-Employment Offer Physical"? Yes No

Have you ever been bonded? Yes No

Are you currently employed? Yes No

May we contact you at work if necessary? Yes No

Telephone Number _____

If employed and under 18, can you furnish a work permit? Yes No

When would you be available to start work? Immediately After 2 weeks notice
 Other _____

Have you been employed here before? Yes No

If "YES", when? _____ Department _____

THE CITY OF EVANSVILLE IS AN EQUAL OPPORTUNITY EMPLOYER

LIST PREVIOUS EMPLOYMENT BELOW (Start with current/most recent employer - Explain any gaps in employment)

1. Name and Address of Employer	Dates of Employment From _____ To _____
	Final Pay Rate
	Your Job Title
Telephone Number	Supervisor's Name
Your Job Duties	Reason for Leaving
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	Final Pay Rate
	Your Job Title
Telephone Number	Supervisor's Name
Your Job Duties	Reason for Leaving

May we contact the employers listed above?

Yes No

If "No", list number of employer(s) not to contact: _____

Are you related to any current City of Evansville employee?

Yes No

If so, please list their complete name(s). _____

If you have had any job training in the military, please describe below:

Branch of Service _____

List any business, professional, trade or civic organizations and offices held: (You may exclude any information which would reveal age, gender, race, color, religion, ancestry, disability or other protected status) _____

E D U C A T I O N	High School	Undergraduate College or University	Graduate/ Professional
School Name and Location (City, State)			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe any Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities			
Describe Any Honors You Have Received			
State Any Additional Information You Feel May be Helpful to Us in Considering Your Application			

Copies of Transcripts, Degrees, and/or Licenses may be required.

Please list any licenses, special skills, knowledge or abilities which you believe are relevant to the job for which you have applied: _____

REFERENCES

Provide the name, address and telephone number of three (3) character references who you have known for at least one (1) year, are not related to you and are not previous employers.

1. _____
2. _____
3. _____

APPLICANT AGREEMENT AND CERTIFICATION

The information I have provided herein is correct and complete to the best of my knowledge. I understand that if I misrepresent or deliberately leave out a fact in my application, I may be refused employment or, if employed, I may be terminated. I authorize the City of Evansville to contact previous employers, except where otherwise noted, for reference and verification of statements made. The City has my authorization to investigate my personal history for job-related purposes. I will not hold any official City representative liable for giving or receiving information in this investigation.

I understand that if I am employed by the City that I may terminate my employment at any time and that the City may terminate my employment without notice or cause. I agree to abide by the rules and regulations of the City and I understand that no department head or City official, other than the Mayor, has any authority to enter into any agreement, verbal or written, concerning length of employment, wages, benefits or other conditions of employment. If terminated, the city is liable only for wages or salary earned as of the date of my termination.

I understand and agree that I may be required to take a physical examination as a condition of employment for the purpose of determining my abilities to perform job duties now or in the future. I agree to consent to take such tests at such time as determined by the City of Evansville and to release the City and its official representatives from any claims arising in connection with the use of information resulting from such examination.

The City is an Equal Opportunity Employer. No question on this application is used for the purpose of discriminating, limiting or excluding any applicant from consideration for employment on a basis prohibited by Local, State or Federal law.

I understand that a criminal history does not automatically disqualify any applicant from participating in the application process or from employment with the City of Evansville. I also understand that, if selected for a job interview, I am required to discuss with the interviewer and disclose on the Criminal History Questionnaire any and all criminal convictions and current arrests. I also acknowledge that the City of Evansville will, prior to employment, conduct a criminal history background check on all candidates recommended for employment. Should the criminal history background check reveal a conviction that was not listed by the applicant on the Criminal History Questionnaire, such candidate will not be further considered for employment.

I have read and agreed to the conditions stated above.: Yes No

Applicant Signature _____ Date _____

CITY OF EVANSVILLE

SUPPLEMENTAL DATA SHEET

The City of Evansville, as an Equal Opportunity Employer, opens all positions to members of all race/gender groups. To maintain records on our ability to attract applicants from all groups and to provide information concerning our hiring practices, we ask that you voluntarily provide information concerning your status. You are not required to provide this information. The information will not be used in the consideration of your application or at any time during the selection process.

NAME (Last, First, Middle Initial)	SOCIAL SECURITY NO.	BIRTH DATE
GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	RACE/ETHNIC GROUP <input type="checkbox"/> Two or More Races <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White	
VETERAN STATUS Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Vietnam Era Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		

DEFINITIONS

AMERICAN INDIAN OR ALASKAN NATIVE - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

ASIAN OR PACIFIC ISLANDER - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

BLACK OR AFRICAN AMERICAN - (Not of Hispanic Origin) All persons having origins in any of the Black racial groups in Africa.

HISPANIC OR LATINO - All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

WHITE - (Not of Hispanic Origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.