


## APPLICATION FOR EMPLOYMENT

	<p>PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE</p> <p>PLEASE COMPLETE ALL PAGES OF THE DOCUMENT</p>	<p>The Town of Fremont is an <b>Equal Opportunity Employer</b>. All employment decisions are made on a non-discriminatory basis, and without regard to sex, race, color, age, national origin, religion, disability, work-related injury, genetic information, marital status, sexual orientation, gender identity/reassignment or expression, citizenship, pregnancy or maternity, veteran status, political ideology, or any other status protected by applicable national, federal, state, or local law.</p> <p><b>The Town of Fremont is a Drug and Alcohol-Free Workplace</b></p> <p>The Town of Fremont is an enrolled employer in the <b>E-Verify Program</b>, verifying the work eligibility status of its new employees and will remain so until the program no longer exists.</p>
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Name \_\_\_\_\_ Date \_\_\_\_\_

Current Address \_\_\_\_\_

If less than 3 years, give prior address(es) \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

If under 18, do you have a work permit? ☐ Yes ☐ No

Are you eligible to work in the United States? ☐ Yes ☐ No

Position(s) applying for (1) \_\_\_\_\_ How many hours can you work weekly? \_\_\_\_\_

(2) \_\_\_\_\_ Can you work nights, if job requires? \_\_\_\_\_

Desired Salary \$ \_\_\_\_\_ Minimum Acceptable \$ \_\_\_\_\_ Date Available for Work \_\_\_\_\_

**Employment Desired** | ☐ FULL-TIME ONLY | ☐ PART-TIME ONLY | ☐ FULL/PART-TIME | ☐ SEASONAL | ☐ OTHER

**Do you have any relative(s), including by blood, marriage, or adoption, who is/are current Town of Fremont employee(s)** ☐ Yes ☐ No

**Name(s) & Department(s)** \_\_\_\_\_

### EDUCATION BACKGROUND

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete Mailing Address)	NUMBER OF YEARS COMPLETED	MAJOR AND DEGREE
HIGH SCHOOL				
UNIVERSITY/ COLLEGE				
BUSINESS, TRADE, OR PROFESSIONAL SCHOOL				

**HAVE YOU EVER BEEN CONVICTED OF A FELONY that has not been expunged, restricted, or sealed by a judge in the past 7 years?** ☐ Yes ☐ No

If yes, you must disclose for each conviction: date, charge, city, state, and disposition \_\_\_\_\_

### ONLY COMPLETE THIS SECTION IF THE JOB APPLIED FOR REQUIRES YOU TO DRIVE A CITY VEHICLE

**DO YOU HAVE A DRIVER'S LICENSE?** ☐ YES ☐ NO

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you had any motor vehicle accidents during the past three years? ☐ Yes ☐ No If yes, how many? \_\_\_\_\_

Have you had any moving violations during the past three years? ☐ Yes ☐ No If yes, how many? \_\_\_\_\_

**CDL DRIVERS** PROVIDE YOUR DATE OF BIRTH [FMCS REGS SEC. 391. 21] **MO** \_\_\_\_\_ **DAY** \_\_\_\_\_ **YEAR** \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact Number (\_\_\_\_\_) \_\_\_\_\_

## SPECIALIZED SKILLS

Typing	Yes	WPM	10- key	Yes	Word Processing	Yes	WPM
	No		No		No	No	

Personal Computer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> PC	<input type="checkbox"/> Mac	Equipment/Machinery _____
					Other Skills _____

**JOB RELATED MILITARY TRAINING**    [    | Yes    |    ] No

Branch/Specialty \_\_\_\_\_ Entry Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

<b>WORK EXPERIENCE</b>	Please list your work experience from the past 10 years, beginning with your current/ most recent job. If you are/were self- employed, give name of the business. May we contact your current employer?        Yes           No
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<b>Name of employer</b> Address City, State, Zip Code  Phone Number Reason for leaving (Be Specific)	Name of last supervisor	Employment Dates	Pay or Salary
	Your last job title		

List the duties performed, skills used or learned, advancements or promotions while you worked at this company.

<b>Name of employer</b> Address City, State, Zip Code  Phone Number Reason for leaving (Be Specific)	Name of last supervisor	Employment Dates	Pay or Salary
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List the duties performed, skills used or learned, advancements or promotions while you worked at this company.

**Please list three professional references. Do not use relatives or personal friends.**

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Position \_\_\_\_\_ Position \_\_\_\_\_ Position \_\_\_\_\_

Company \_\_\_\_\_ Company \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Phone (    ) \_\_\_\_\_ Phone (    ) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. For example, if you are applying for a job that requires a commercial driver's license (CDL), please explain the nature and extent of your experience operating motor vehicles.

PLEASE READ CAREFULLY

*APPLICATION FORM WAIVER*

In exchange for the consideration of my job application by the Town of Fremont, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personal manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Town practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Town, or otherwise to exchange in any respect the employment-at-will relationship between it and undersigned, and that relationship cannot be altered except by a written instrument approved and signed by the Town Council. Both the undersigned and the Town may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Town may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Town permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Town for any liability as a result of such contact.

I also understand that (1) the Town has a drug and alcohol policy that provides for pre-employment testing, as well as testing after employment; (2) Consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Town may request from a consumer-reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and/or mode of living. Upon request from me, the Town will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Town shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Town is terminable at will for any reason by either party.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

Did you complete this application yourself?    ☐    Yes    ☐    No

If no, who assisted you and why? \_\_\_\_\_

**The Town of Fremont is an Equal Employment Opportunity & E-Verify Employer.**

We adhere to a policy of making all employment decisions are made on a non-discriminatory basis, and without regard to sex, race, color, age, national origin, religion, disability, work-related injury, genetic information, marital status, sexual orientation gender identity/reassignment or expression, citizenship, pregnancy or maternity, veteran status, political ideology, or any other status protected by applicable national, federal, state, or local law.

**The Town of Fremont is an enrolled employer in the E-Verify Program, verifying the work eligibility status of its new employees and will remain so until that program no longer exists.**

Thank you for completing this application and for your interest in the Town of Fremont.

Town of Fremont  
205 N Telford Street  
Po Box 602  
Fremont, IN 46737