

## **Town of Thorntown Employment Application**

The Town of Thorntown is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

This application for employment is good for 90 days only. Consideration for employment after 90 days requires a new application.

		Appl	icant Ir	nforma	ation				
Full Name:	Last First					Date:			
	Last	FIISC				IVI.I.			
Address:  Street Address							Apartment/Unit #		
	City					State	ZIP Code		
Phone:			E	mail					
Date Available: Social Security No.:					Desired Salary:\$				
Position App	olied for:								
YES NO Are you a citizen of the United States? □ □ If no, a					re you a	authorized to w	YES ork in the U.S.?	NO	
Have you ev	ver worked for this compa	YES any? 🗌	NO	If yes, v	when?_				
Have you ev	ver been convicted of a fe	YES elony?	NO						
If yes, expla	in:								
			Educa	ation					
High School	l:	A	.ddress:_						
From:	To:	Did you gra	aduate?	YES	NO	Diploma:			
College:		A	.ddress:_						
From:	To:	Did you gra	aduate?	YES	NO	Degree:			
Other:		A	ddress:						
From:	To:	Did you gra	aduate?	YES	NO	Degree:			

	References	
Please list three professional re	eferences.	
Full Name:		Relationship:
Componi		Phone:
Address:		
		Relationship:
0		Phone:
Addross:		
Full Name:		Relationship:
Company		Phone:
A daluage .		
	Previous Employment	
Company:		Phone:
Address		0
Job Title:		- "
May we contact your previous su	YES NO pervisor for a reference?	
, , , ,		
Company:		Phone:
Address:		Supervisor:
Job Title:	Starting Salary:	Ending Salary:
Responsibilities:		
From: 1	To: Reason for Leaving:	
	YES NO	
May we contact your previous su	pervisor for a reference?	
Company:		Phone:
A daluage .		Supervisor:
Job Title:	Starting Salary:\$	Ending Salary:\$

Responsibilities:								
From: To:	Reason for	r Leaving:						
May we contact your previous supervisor for a reference?	YES	NO						
Military Service								
Branch:		From:	To:					
Rank at Discharge:	Type of D	Discharge:						
If other than honorable, explain:								
Disclaimer a	and Signat	ure						
APPLICANT'S CERTIFICATION AND AGREEMENT								
I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Town of Thorntown to verify their accuracy and to obtain reference information on my work performance. I hereby release the Town of Thorntown from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.  I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.								
I understand that Indiana law prohibits smoking in or around Town offices by employees, Department Heads, and Elected Officials. I further understand that I may be subject to penalties under Indiana law and also subject to disciplinary action up to and including termination of employment if I violate this policy.  I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer								
However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.								

Signature: Date: