

Employment Application

CITY OF HAMMOND



MAYOR THOMAS M. McDERMOTT, JR.

Personnel Department
Equal Employment Opportunity Office
5925 Calumet Avenue • Hammond, Indiana 46320
(219) 853-6501

**Hiring will be done in accordance
with ordinance number 8620**

Mission Statement

The City of Hammond, Indiana, provides equal access to efficient, high-quality, professional services. As a municipal corporation, we are committed to maintaining a team of dedicated, well-trained employees who are responsive to the needs of our residents, businesses, and visitors. We promote a spirit of cooperation that allows people in our community an opportunity to participate, prosper and grow.

NAME:

LAST

FIRST

MIDDLE

DATE

POSITION APPLIED FOR:

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

APPLICANT DATA

(All applications must be printed in ink.)

Any misrepresentation on this application may be sufficient cause to disqualify applicant from consideration for employment and/or termination if employed.

NAME (Last, First, Middle)		Date
PRESENT ADDRESS (Street No., City, State, Zip Code)		Home Phone
BUSINESS ADDRESS (Street No., City, State)		Business Phone
Social Security Number (Voluntary)	Salary Expected \$_____ per week or \$_____ year.	Do you have a valid Indiana driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you ever filed an application with the City of Hammond? Yes No If Yes, give date _____

Have you ever been employed with the City of Hammond? Yes No If Yes, give date _____

Do you have any relatives employed by the City of Hammond? Yes No If Yes, please list:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Are you employed now? Yes No May we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work Full Time Part Time Shift Work Temporary Seasonal Summer

Are you capable of performing the job duties of this position Yes No If no, please explain:

Are you on a lay-off and subject to recall? Yes No

Have you ever been convicted of a felony? Yes No If yes, please explain:
(Conviction will not necessarily disqualify applicant from employment.)

EMPLOYMENT RECORD

If Records Are Under Another Name, Please Indicate For Reference Purposes.
Starting with Present or Last Employer, List all Employment, Including Part-Time or Temporary Work.

Place of Employment	Date Mo. and Yr.	Position Held	Salary or Hourly Rate	Supervisor
Name	From		Beginning \$	Name
Address	To		Leaving \$	Position
Kind of Business		Reasons for Leaving		Department you worked in
Nature of Work and Duties at Start			Nature of Work and Duties at Leaving	
Name	From		Beginning \$	Name
Address	To		Leaving \$	Position
Kind of Business		Reasons for Leaving		Department you worked in
Nature of Work and Duties at Start			Nature of Work and Duties at Leaving	
Name	From		Beginning \$	Name
Address	To		Leaving \$	Position
Kind of Business		Reasons for Leaving		Department you worked in
Nature of Work and Duties at Start			Nature of Work and Duties at Leaving	

PLEASE INDICATE SPECIAL SKILLS TRAINING OR EXPERIENCE

<input type="checkbox"/> Typing Speed	<input type="checkbox"/> Word Processing Equipment (type)	<input type="checkbox"/> Calculator	<input type="checkbox"/> Math Classes (list)	<input type="checkbox"/> Other Equipment (Construction, Vehicles, etc.)
_____ w.p.m.	_____	_____	_____	_____
<input type="checkbox"/> Shorthand	<input type="checkbox"/> Computer Terminal (type)	<input type="checkbox"/> Accounting/Bookkeeping	<input type="checkbox"/> Business Machines (list)	_____
_____ w.p.m.	_____	_____	_____	_____
<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Computer Languages (list)	<input type="checkbox"/> Licenses	<input type="checkbox"/> Trade/Professional Skills (list)	_____
<input type="checkbox"/> Switchboard	_____	_____	_____	_____
<input type="checkbox"/> Sign Language	<input type="checkbox"/> Foreign Languages you can speak and write	_____	_____	_____
<input type="checkbox"/> Records & Filing	_____	<input type="checkbox"/> Printing Equipment	_____	_____

REFERENCES

Name of References (Not Relatives)	Address	Telephone
		()
		()
		()

EDUCATION

If Records Are Under Another Name, Please Indicate For Reference Purposes.

Type of School	Name and Location	Major Field of Study	Degree or Letter Grade
High School Last Attended			
College			
Graduate School			
Other			

	Elementary/ Middle School	High School	College/Voc. Technical	Graduate School
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

The City of Hammond is an equal opportunity employer. The City does not discriminate in employment and questions on this application are not used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application will be kept on file for one (1) year. At the conclusion of this time, if you have not heard from the City of Hammond and still wish to be considered for employment, it will be necessary for you to fill out a new application.

CERTIFICATION: I hereby certify that all information on this application is true and understand that any misrepresentation or concealment of such information may be grounds for dismissal.

CONSENT FOR RELEASE OF INFORMATION: Pursuant to 20CFR (1977) Ch. 5 Sec. 604.16; IC 22-4-19-6, IC 4-1-16, I agree to the release of pertinent information on this application to the degree necessary for me to obtain gainful employment. I understand that such information will be released only to prospective employers and/or agencies for employment or supportive services.

CONSENT FOR RELEASE: If hired, Pursuant to the Immigration Control Act of 1986, I agree to complete and sign the verification form designated by INS certifying by documentation that I am eligible for employment.

SIGNATURE _____ DATE

For Personnel Department Use Only

Date	Department	Contact Person	Position Applied For

Interviewed by:	Position Interviewed for:	Date:
1.		
2.		
3.		
4.		

REFERENCES CHECKED

Name	Address	Date Sent	Date Received