



# APPLICATION FOR EMPLOYMENT

## CITY OF HAMMOND, IN

Residency requirements for employment with the City of Hammond are in accordance with ordinance #8620.

*Note: Applications for employment will be kept on file for three-years from the date of completion.*

### PERSONAL INFORMATION

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_ *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle* \_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_ *Street Address* \_\_\_\_\_ *Apartment/Unit #* \_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Yes No

\*Are you 18 years of age or older?

Yes No

Are you legally eligible to work in the United States?

Yes No

Have you ever previously been employed by this organization?   If yes, when? \_\_\_\_\_

Yes No

Do you now or have you ever had a relative employed by this organization?

• If yes, who? \_\_\_\_\_

Yes No

Have you ever been arrested or convicted of a crime that has not been expunged by a court of law?

• If yes, explain: \_\_\_\_\_

*\* Candidates selected for probable employment who are age 18 or older may be required to consent to a background check as a condition of employment.*

### EMPLOYMENT DESIRED

Position desired: \_\_\_\_\_  
(Please list the title of the position as posted and do not leave blank or list "any")

Desired hourly rate/base salary: \$ \_\_\_\_\_

Full-time  Part-time  Temporary  Seasonal

Date available to work: \_\_\_\_\_ Status desired:

Are you available to work:

Yes No Sometimes

Weekday daytime hours?

Yes No Sometimes

Saturday?

Yes No Sometimes

Weekday evening hours?

Yes No Sometimes

Sunday?

Are you capable of performing the essential duties and responsibilities of this job with or without a reasonable accommodation? Yes No

## EDUCATIONAL INFORMATION

High School: \_\_\_\_\_ Years attended: \_\_\_\_\_

Yes No

- Diploma/G.E.D. received:   Location: \_\_\_\_\_  
(City) (State)

College: \_\_\_\_\_ Years attended: \_\_\_\_\_

Yes No

- Degree received:   Degree/Subjects studied: \_\_\_\_\_
- Location: \_\_\_\_\_  
(City) (State)

Other: \_\_\_\_\_ Years attended: \_\_\_\_\_  
(Second College, Technical/Trade School, Business School, etc.)

- Degree received: Yes No Degree/Subjects studied: \_\_\_\_\_
- Location: \_\_\_\_\_  
(City) (State)

## EMPLOYMENT HISTORY

Include your last three positions of employment, including periods of unemployment, starting with the most recent and working backwards in time. Attach additional sheets of paper if needed. Incomplete information may disqualify you from further consideration.

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

- Are you currently employed by this organization? Yes No May we contact this employer? Yes No
- Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
- Status: Full-time Part-time Supervisor/Title: \_\_\_\_\_
- Briefly describe duties: \_\_\_\_\_
- Reason for leaving: \_\_\_\_\_
- Address: \_\_\_\_\_  
(City) (State)

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

- Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
- Status: Full-time Part-time Supervisor/Title: \_\_\_\_\_
- Briefly describe duties: \_\_\_\_\_
- Reason for leaving: \_\_\_\_\_
- Address: \_\_\_\_\_ May we contact this employer? Yes No  
(City) (State)

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

- Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
- Status: Full-time Part-time Supervisor/Title: \_\_\_\_\_
- Briefly describe duties: \_\_\_\_\_
- Reason for leaving: \_\_\_\_\_
- Address: \_\_\_\_\_ May we contact this employer? Yes No  
(City) (State)

## OTHER QUALIFICATIONS

Do you have any special skills, volunteer experience and/or training that would enhance your ability to perform this position? Yes  No

- If yes, please explain: \_\_\_\_\_

Do you hold a license or professional certification? Yes  No

- If yes, please specify: \_\_\_\_\_

Do you participate in professional associations that would enhance your ability to perform this position? Yes  No

- If yes, please explain: \_\_\_\_\_

## REFERENCES

*Please give the names of three persons not related to you, and preferably who you have worked with/for.*

Full Name: \_\_\_\_\_ Organization: \_\_\_\_\_

- Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

- Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

Full Name: \_\_\_\_\_ Organization: \_\_\_\_\_

- Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

- Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

Full Name: \_\_\_\_\_ Organization: \_\_\_\_\_

- Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

- Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

## PLEASE READ CAREFULLY BEFORE SIGNING

The City of Hammond is an equal opportunity employer. The City of Hammond does not discriminate in employment on account of race, color, religion, sex (pregnancy, gender identity, and sexual orientation), national origin, age (40 and over), disability, genetic information as referenced in the Genetic Information Nondiscrimination Act (GINA), military service, veteran status, or any other protected class as defined by federal, state, and local laws. The City of Hammond will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes an obligation for The City of Hammond to hire me. If I am hired, I understand that either the City of Hammond or I may terminate employment at any time for any reason, with or without cause, and without prior notice. I understand that no representative of the City of Hammond has the authority to make any assurance to the contrary. In addition, I understand that the City of Hammond complies with all federal requirements to confirm my employment eligibility.

I attest with my signature below that I have given to the City of Hammond true and complete information on this application. No requested information has been concealed. I authorize the City of Hammond to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for denial of employment or immediate termination of employment.

(Signature of Applicant)

(Date)

**FOR PERSONNEL DEPARTMENT USE ONLY**

Date of application: \_\_\_\_\_

Date Received by Personnel Department: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle* \_\_\_\_\_

Position applied for: \_\_\_\_\_

Date	Department	Contact Person	Position Applied For

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

**REFERENCES CHECKED**

Name/Organization	Contact information	Date Sent	Date Received

**NOTES**

**INVITATION TO SELF-IDENTIFY****COMPLETION OF ANY AND/OR ALL INFORMATION BELOW IS VOLUNTARY**

We consider applicants for all positions without regard to race, color, religion, gender, age, national origin, sexual orientation, marital status, familial status, disability, the presence of a non-job-related medical condition or any other legally protected status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

**DATE** \_\_\_\_\_

**POSITION(S) APPLIED FOR** \_\_\_\_\_

**REFERRAL SOURCE**

<input type="checkbox"/> ADVERTISEMENT	<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> SCHOOL
<input type="checkbox"/> GOVERNMENT EMPLOYMENT AGENCY		<input type="checkbox"/> PRIVATE EMPLOYMENT AGENCY	
<input type="checkbox"/> OTHER _____		Name of source – if applicable _____	

**APPLICANT NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

As required, we comply with governmental regulations including nondiscrimination and affirmative action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not part of your official Employment Application. It is considered confidential information that will not be used in any hiring decision.

**CHECK ONE**     MALE     FEMALE     GENDER – NON-BINARY     I DO NOT WISH TO ANSWER

**CHECK THE FOLLOWING RACE/ETHNIC GROUP**

<input type="checkbox"/> HISPANIC/LATINO	<input type="checkbox"/> WHITE/CAUCASIAN	<input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE
<input type="checkbox"/> BLACK/AFRICAN AMERICAN	<input type="checkbox"/> ASIAN	<input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
<input type="checkbox"/> TWO OR MORE RACES	<input type="checkbox"/> I DO NOT WISH TO ANSWER	

**SELF-IDENTIFICATION OF PROTECTED VETERAN STATUS**

<input type="checkbox"/> DISABLED VETERAN	<input type="checkbox"/> RECENTLY SEPARATED VETERAN
<input type="checkbox"/> ACTIVE DUTY WARTIME or CAMPAIGN BADGE VETERAN	<input type="checkbox"/> ARMED FORCES SERVICES MEDAL VETERAN
<input type="checkbox"/> I AM NOT A PROTECTED VETERAN	<input type="checkbox"/> I DO NOT WISH TO ANSWER

**SELF-IDENTIFICATION OF DISABILITY STATUS**

<input type="checkbox"/> YES, I HAVE A DISABILITY or HAVE A HISTORY/RECORD OF HAVING A DISABILITY
<input type="checkbox"/> NO, I DO NOT HAVE A DISABILITY or A HISTORY OF HAVING A DISABILITY
<input type="checkbox"/> I DO NOT WISH TO ANSWER

## APPlicant Certification

Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the Personnel Director before initialing.

I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the City of Hammond deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: \_\_\_\_\_

I understand that it may be necessary for me to approve and sign any waivers necessary in order for the City of Hammond to obtain information from my current and former employers.

Initials: \_\_\_\_\_

I understand and accept that if any information required in this application is found to be false if/or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the City of Hammond, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

I solemnly swear that all of the information furnished in this Employment Application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

Initials: \_\_\_\_\_

By submitting this document, I hereby agree that I shall execute the City of Hammond's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the City of Hammond will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

Initials: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_