



Equal Opportunity Employer

Return to: Human Resources  
201 S. Second St.  
Elkhart IN 46516  
574-294-5471

# City of Elkhart Application for Employment

*Applications that are filled out completely and properly will be considered for employment opportunities with the City of Elkhart*

Date:

Use only Blue or Black Ink

<b>Position Desired:</b>			
Last:	First:	Middle Int:	
Number/Street:		City:	State: Zip:
Phone:	SS#: (voluntary)	Email:	

**Best time to contact you at home is:**  
 Available/Willing to work:  Full Time  Part Time - Morning  Afternoon  Evening   
 Temporary – Dates available: From / / To: / /  
 Date available to begin employment: / / Desired salary range:

Ever applied with us before?  Yes  No If yes, give date:  
 How did you hear about employment with COE?  Local Newspaper  Relative or Friend  
 Website  Inquiry  Other (specify)

Are you at least 18 years old?  Yes  No (if yes skip next question)  
 Currently have or able to obtain work permit required if age 17 or younger?  Yes  No  NA  
 Veteran of US Military Service?  Yes  No  
 Are you prevented from lawfully becoming employed in the US due to visa or immigration status?  
 Yes  No Proof of citizenship or immigration status will be required upon employment (We E-Verify!)

Highest Grade Completed: Check One	G.S. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	College: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
	H.S. <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> more

Last School Attended:  
 Course/Program: Degree:

Previous employment with the City of Elkhart:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Last Dates:	Last Dept/Position:
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**Related experience, skills, knowledge, and abilities:** Include apprenticeship, specialized training, certifications, degrees other than shown above, extracurricular and volunteer experience, military experience, and professional, trade, business, or civic activities and offices held.

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## Employment Experience

### 1. Current/most recent employer:

From:    /    /    To:    /    /    Supervisor:   

Worked Performed:

Phone:    Reason for Leaving:   

May we contact your current employer?

### 2. Prior Employer:

From:    /    /    To:    /    /    Supervisor:   

Worked Performed:

Phone:    Reason for Leaving:   

### 3. Prior Employer:

From:    /    /    To:    /    /    Supervisor:   

Worked Performed:

Phone:    Reason for Leaving:   

### 4. Prior Employer:

From:    /    /    To:    /    /    Supervisor:   

Worked Performed:

Phone:    Reason for Leaving:   

**Job Skills - Rate from 1 (limited) to 5 (highly skilled/experienced) your skill/experienced level. Leave those you have no skill in or experience with blank )**

PC/Mac	Spreadsheet	Dump Truck	Two-Way Radio
Network Terminal	Word Processing	Front End Loader	Power Tools (Air/Electric)
Typewriter/WPM -	Database Management	Bobcat	Table saws
Calculator	Data Entry	Paving Equipment	Lathe
Switchboard	Outlook	Snow Plow	Chain Saws
Facsimile/Scanners	Power Point	Truck/Trailer Combo	Gas Powered Equipment
Shorthand/WPM -	Audio Recording Software	Backhoe	Overhead Cranes
Copier	Drafting/Graphic Software	Boom/Bucket Truck	Hydraulic Lifts/Hoists
Other (Specify)		Tanker Truck	Power Equipment Repair
Other (Specify)		Commercial Mowers	Automotive Repair
Other (Specify)		Street Sweeper	Heavy Equipment Repair

**Provide any other information you believe applies to consideration of your application for employment with the City of Elkhart.**


References (provide valid contact info for 3 individuals, not related, you have known for at least 2 years)			
Name:		Phone:	
Address:			
Name:		Phone:	
Address:			
Name:		Phone:	
Address:			

Pursuant to Indiana Code 36-1-20.2 we require the following information. If none please indicate so.

Relatives currently employed by City of Elkhart (include "step", "half" & "in-law" relations)		
Name		Relationship
Name		Relationship
Name		Relationship
Name		Relationship
Name		Relationship
Name		Relationship
Name		Relationship
Name		Relationship
Name		Relationship
Name		Relationship
Name		Relationship
Name		Relationship
Name		Relationship

Applications for all positions are considered without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, age or any legally protected status not previously stated.

I understand that if my age is below 18 years, I am required to provide a valid work permit **before** I may begin working for the City of Elkhart. I also understand that proof of citizenship or valid immigration status will be required upon employment (the COE E-Verifies).

Any offer of employment, oral and written, is contingent on the City's verification of credentials and other information required by state law and City policies, including the completion of a criminal history check and Bureau of Motor Vehicle record review (applicants with out-of-state driver's licenses may be required to provide a BMV report from the state of issue).

I certify that all information provided in all my application material is true. I understand that any false statement made in this application form and any supporting documentation is sufficient reason for rejection of this application or termination of subsequent employment regardless of date of discovery. I authorize the City to investigate all statements made in my application material for employment. I authorize such educational institutions and employers and others (and their agents or employees) to respond to questions concerning information given in this application material and I further release from liability such former employers, institutions, or persons providing such information to the City.

**I understand that a post-offer drug test is required and that I am responsible for the fee of such testing. I authorize a BMV and criminal history investigation once an employment offer is given. I understand that an offer of employment is conditional to acceptable results of the screening processes addressed above.**

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City of Elkhart is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized official of the City of Elkhart.

<b>Signature of Applicant</b>	<b>Date</b>

*Applications are kept on file for a period of time not to exceed 1 year. Applicants are encouraged to update application information when appropriate and to contact Human Resources whenever there is a job opening that is of interest.*

*Job postings can be viewed at [www.elkhartindiana.org](http://www.elkhartindiana.org) or at the entrance of the Municipal Annex Building, 201 S. Second St. Elkhart, IN.*

To be completed at time of interview

If you have not reviewed the job description please do so now.

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?  Y or  N If no, please list the functions you are unable to perform.

*(Note: The City complies with Title I of the Americans with Disabilities Act of 1990 and will make reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)*

Effective July 1, 1997, the state of Indiana implemented the Indiana Driver Privacy Protection Act. Under this statute, disclosure of personal information by the Indiana Bureau of Motor Vehicles is strictly limited. By signing below, you authorize the city to make the necessary inquiry of the Indiana Bureau of Motor Vehicles. The following information will only be used as necessary for the City to carry out its functions.

DRIVER'S LICENSE TYPE?  None  Operator  Commercial(CDL)  Other \_\_\_\_\_

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

Have you had any accidents during the past three years? \_\_\_\_\_ How many? \_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_\_\_ How Many? \_\_\_\_\_

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

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