



City of Mishawaka

David A. Wood, Mayor

Director of Human Resources
 City Hall
 600 E. Third Street
 Mishawaka, IN 46544
 (574) 258-1615 (phone)
 (574) 254-0197 (fax)
 humanresources@mishawaka.in.gov

Thank you for your interest in the City of Mishawaka! This Application for Employment consists of two parts – the Equal Employment Opportunity/Affirmative Action information (this page) and the separate application itself (pages 2 and 3). Once complete, you may submit the application (along with your resume, if desired) via email, fax, regular mail, or hand-delivery to the following address...

Mail: Human Resources City of Mishawaka 600 East Third Street Mishawaka, Indiana 46544	Fax: (574) 254-0197 Email: humanresources@mishawaka.in.gov
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The City of Mishawaka is an Equal Employment Opportunity/Affirmative Action Employer. To maintain our E.E.O. records and monitor the effectiveness of our recruitment program, we ask that you volunteer the following information.

Do not write your name or SSN on this page.

This information WILL NOT BE USED in determining your eligibility for employment and will be separated from the remainder of your application.

EQUAL EMPLOYMENT OPPORTUNITY / AFFIRMATIVE ACTION RECORD			
POSITION APPLYING FOR			
AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
RACE	<input type="checkbox"/> CAUCASIAN (WHITE) <input type="checkbox"/> BLACK	<input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN (ORIENTAL)	<input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> OTHER
HOW DID YOU LEARN ABOUT THIS POSITION?	<input type="checkbox"/> WALK-IN <input type="checkbox"/> REFERRAL BY CITY EMPLOYEE	<input type="checkbox"/> PROFESSIONAL JOURNAL <input type="checkbox"/> DEPARTMENTAL POSTING	<input type="checkbox"/> NEWSPAPER <input type="checkbox"/> RADIO <input type="checkbox"/> OTHER _____



City of Mishawaka

Application for Employment

Applicants are considered for all positions without regard to race, color, religion, gender, creed, national origin, age, marital or veteran status, or the presence of a non- job-related medical condition or disability. Employees who are not under a collective bargaining agreement are employed at the will of the City and are subject to termination at any time, for any reason, with or without cause or notice. Similarly, these employees may relinquish their employment at any time and for any reason.

ALL ENTRIES MUST BE CLEAR AND LEGIBLE

PERSONAL INFORMATION					
LAST NAME		FIRST NAME		M.I.	
STREET ADDRESS			CITY	STATE	ZIP
HOME PHONE (xxx) xxx-xxxx		CELL PHONE (xxx) xxx-xxxx		EMAIL	
DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	FROM STATE?	LICENSE TYPE: <input type="checkbox"/> OPERATOR <input type="checkbox"/> CDL A <input type="checkbox"/> CHAUFFEUR <input type="checkbox"/> CDL B	IF REQUIRED, CAN YOU OBTAIN A CDL LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
POSITION APPLYING FOR					
POSITION APPLYING FOR				<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
DATE AVAILABLE FOR WORK	IF UNDER THE AGE OF 18, CAN YOU PROVIDE REQUIRED PROOF OF ELIGIBILITY TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU PRESENTLY EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF MISHAWAKA? <input type="checkbox"/> YES <input type="checkbox"/> NO		FROM DATE	TO DATE	IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU A U.S. MILITARY VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO		BRANCH OF SERVICE			
DO YOU HAVE RELATIVES WORKING FOR THE CITY OF MISHAWAKA? <input type="checkbox"/> YES <input type="checkbox"/> NO		DEPARTMENT		RELATIONSHIP	
EDUCATION					
HIGH SCHOOL	NAME	COURSE OF STUDY		COMPLETED 9 10 11 12	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> GED
COLLEGE / UNIVERSITY	NAME	COURSE OF STUDY		COMPLETED 1 2 3 4 5	DEGREE
GRAD SCHOOL / PROFESSIONAL	NAME	COURSE OF STUDY		COMPLETED 1 2 3 4 5	DEGREE
DESCRIBE ANY SPECIALIZED TRAINING APPRENTICESHIPS, SPECIAL SKILLS, OTHER LANGUAGES, EXTRA-CIRRICULAR ACTIVITIES OR HONORS RECEIVED					
REFERENCES <i>(Business or Professional who are not related to you)</i>					
NAME		ADDRESS <i>(street, city, state, zip)</i>		PHONE <i>(xxx) xxx-xxxx</i>	
NAME		ADDRESS <i>(street, city, state, zip)</i>		PHONE <i>(xxx) xxx-xxxx</i>	
NAME		ADDRESS <i>(street, city, state, zip)</i>		PHONE <i>(xxx) xxx-xxxx</i>	
EMPLOYMENT EXPERIENCE <i>(Last 10 years starting with the most recent first)</i>					
EMPLOYER NAME		ADDRESS <i>(street, city, state, zip)</i>		PHONE <i>(xxx) xxx-xxxx</i>	
FROM	TO	JOB TITLE	SUPERVISOR	STARTING WAGE	FINAL WAGE
WORK PERFORMED					
REASON FOR LEAVING					
EMPLOYMENT EXPERIENCE <i>(Last 10 years starting with the most recent first)</i>					
EMPLOYER NAME		ADDRESS <i>(street, city, state, zip)</i>		PHONE <i>(xxx) xxx-xxxx</i>	
FROM	TO	JOB TITLE	SUPERVISOR	STARTING WAGE	FINAL WAGE
WORK PERFORMED					
REASON FOR LEAVING					

(continued on reverse side)

EMPLOYMENT EXPERIENCE (continued)

EMPLOYER NAME		ADDRESS (street, city, state, zip)		PHONE (xxx) xxx-xxxx	
FROM	TO	JOB TITLE	SUPERVISOR	STARTING WAGE	FINAL WAGE
WORK PERFORMED					
REASON FOR LEAVING					

EMPLOYER NAME		ADDRESS (street, city, state, zip)		PHONE (xxx) xxx-xxxx	
FROM	TO	JOB TITLE	SUPERVISOR	STARTING WAGE	FINAL WAGE
WORK PERFORMED					
REASON FOR LEAVING					

SPECIAL QUALIFICATIONS

SUMMARIZE ANY SPECIAL QUALIFICATIONS ACQUIRED THROUGH EMPLOYMENT, MILITARY SERVICE, VOLUNTEER WORK, OR OTHER EXPERIENCE

NOTE TO APPLICANT

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

ARE YOU CAPABLE OF PERFORMING IN A REASONABLE MANNER; WITH OR WITHOUT A REASONABLE ACCOMMODATION, THE ACTIVITIES INVOLVED IN THE JOB OR OCCUPATION FOR WHICH YOU HAVE APPLIED? A REVIEW OF THE ACTIVITIES INVOLVED IN SUCH A JOB OR OCCUPATION HAS BEEN GIVEN.

[] YES [] NO

APPLICANT'S STATEMENT

I CERTIFY THAT ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE A BACKGROUND CHECK, CREDIT CHECK, AND MOTOR VEHICLE CHECK AS WELL AS INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I UNDERSTAND THAT THIS APPLICATION IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I ALSO UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE CITY.

I UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT WITH THE CITY, IT MAY BE NECESSARY TO UNDERGO A PHYSICAL EXAM AND/OR DRUG TEST. EMPLOYMENT WILL BE CONTINGENT ON THE RESULTS OF THESE TESTS.

I AUTHORIZE ANY PHYSICIAN TO DETERMINE MY ABILITY TO PERFORM THE DUTIES OF A JOB FOR WHICH I AM BEING CONSIDERED PRIOR TO EMPLOYMENT, OR IN THE FUTURE, DURING MY EMPLOYMENT WITH THE CITY.

DATE	APPLICANT SIGNATURE
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Resumes and applications may be submitted via email, fax, regular mail, in person, or online to:

Mail: Human Resources
 City of Mishawaka
 600 East Third Street
 Mishawaka, Indiana 46544

Fax: (574) 254-0197

Email: humanresources@mishawaka.in.gov