



City of Mishawaka

Application for Employment

As legally required, the City makes equal employment opportunities available to all without regard to race, sex, age, color, religion, national origin, disability, citizenship status, military status, genetic information, or any other category protected under federal, state, or local law. This policy applies to applicants and employees and to all aspects of employment including hiring, promotion, demotion, pay or other forms of compensation, and termination of employment. Further, irrespective of whether sexual orientation or transgender status are legally protected statuses, the City does not tolerate discrimination on the basis of sexual orientation or transgender status.

ALL ENTRIES MUST BE CLEAR AND LEGIBLE

APPLICATION DATE:

--

PERSONAL INFORMATION					
LAST NAME		FIRST NAME		M.I.	
STREET ADDRESS (incl House or Apt #)			CITY	STATE	ZIP
PREVIOUS ADDRESS (if at current address less than 3 years)			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		
HOW DID YOU LEARN OF THIS EMPLOYMENT OPPORTUNITY?		<input type="checkbox"/> FRIEND <input type="checkbox"/> JOB POSTING <input type="checkbox"/> OTHER			DATE AVAILABLE FOR WORK
		<input type="checkbox"/> RELATIVE <input type="checkbox"/> WEBSITE			
POSITION(S) APPLYING FOR			<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY	WAGE DESIRED	
ARE YOU EIGHTEEN YEARS OLD OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL YOU NOW OR IN THE FUTURE REQUIRE SPONSORSHIP FOR EMPLOYMENT VISA STATUS (e.g. H-1B visa status)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU A U.S. MILITARY OR WAR VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	PAST BRANCH OF SERVICE	RANK	CURRENT BRANCH OF SERVICE	RANK	
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY THE CITY OF MISHAWAKA? <input type="checkbox"/> YES <input type="checkbox"/> NO			FROM DATE	TO DATE	
DO YOU HAVE RELATIVES/FRIENDS WORKING FOR CITY OF MISHAWAKA? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME(S) / RELATIONSHIP(S)			
EDUCATION					
NAME	CITY, ST, ZIP		YEARS COMPLETED	GRADUATE?	COURSE PURSUED / DEGREE GRANTED
HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE / UNIVERSITY				<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS, TRADE, TECHNICAL, OR CORRESPONDENCE SCHOOL OR COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRAD SCHOOL / PROFESSIONAL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE ANY SPECIALIZED TRAINING APPRENTICESHIPS, SPECIAL SKILLS, OTHER LANGUAGES, EXTRA-CURRICULAR ACTIVITIES OR HONORS RECEIVED					
PERSONAL REFERENCES (Business or Professional who are not related to you)					
NAME		ADDRESS (include house/apt #, street, city, state, zip)			
PHONE (xxx) xxx-xxxx		HOW DO YOU KNOW THIS PERSON?			
NAME		ADDRESS (include house/apt #, street, city, state, zip)			
PHONE (xxx) xxx-xxxx		HOW DO YOU KNOW THIS PERSON?			

EMPLOYMENT RECORD

Start with your present job. If you are currently not working, skip to Previous Employment. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment. **NOTE:** Resumé may be submitted but cannot replace the information below.

CURRENT EMPLOYER (leave blank if not currently employed)						
EMPLOYER NAME		ADDRESS (street, city, state, zip)			PHONE (xxx) xxx-xxxx	
FROM	TO CURRENT	JOB TITLE	SUPERVISOR	STARTING WAGE	FINAL WAGE	
RESPONSIBILITIES						
MAY WE CONTACT THIS EMPLOYER?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, WHY NOT?		
WHAT WILL YOUR IMMEDIATE SUPERVISOR TELL ME ABOUT YOU?						
WHY DO YOU WANT TO LEAVE?						

PREVIOUS EMPLOYMENT EXPERIENCE (Last 8-10 years including part-time or temporary employment)						
EMPLOYER NAME		ADDRESS (street, city, state, zip)			PHONE (xxx) xxx-xxxx	
FROM	TO	JOB TITLE	SUPERVISOR	STARTING WAGE	FINAL WAGE	
RESPONSIBILITIES						
MAY WE CONTACT THIS EMPLOYER?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, WHY NOT?		
WHAT WILL YOUR IMMEDIATE SUPERVISOR TELL ME ABOUT YOU?						
REASON FOR LEAVING <i>(check all that apply)</i>	<input type="checkbox"/> VOLUNTARY RESIGNATION		EXPLAIN:			
	<input type="checkbox"/> INVOLUNTARY / LAYOFF / CLOSED		EXPLAIN:			
	<input type="checkbox"/> DISCHARGE / ASKED TO LEAVE		EXPLAIN:			
	<input type="checkbox"/> OTHER		EXPLAIN:			

EMPLOYER NAME		ADDRESS (street, city, state, zip)			PHONE (xxx) xxx-xxxx	
FROM	TO	JOB TITLE	SUPERVISOR	STARTING WAGE	FINAL WAGE	
RESPONSIBILITIES						
MAY WE CONTACT THIS EMPLOYER?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, WHY NOT?		
WHAT WILL YOUR IMMEDIATE SUPERVISOR TELL ME ABOUT YOU?						
REASON FOR LEAVING <i>(check all that apply)</i>	<input type="checkbox"/> VOLUNTARY RESIGNATION		EXPLAIN:			
	<input type="checkbox"/> INVOLUNTARY / LAYOFF / CLOSED		EXPLAIN:			
	<input type="checkbox"/> DISCHARGE / ASKED TO LEAVE		EXPLAIN:			
	<input type="checkbox"/> OTHER		EXPLAIN:			

EMPLOYER NAME		ADDRESS (street, city, state, zip)			PHONE (xxx) xxx-xxxx	
FROM	TO	JOB TITLE	SUPERVISOR	STARTING WAGE	FINAL WAGE	
RESPONSIBILITIES						
MAY WE CONTACT THIS EMPLOYER?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, WHY NOT?		
WHAT WILL YOUR IMMEDIATE SUPERVISOR TELL ME ABOUT YOU?						
REASON FOR LEAVING <i>(check all that apply)</i>	<input type="checkbox"/> VOLUNTARY RESIGNATION		EXPLAIN:			
	<input type="checkbox"/> INVOLUNTARY / LAYOFF / CLOSED		EXPLAIN:			
	<input type="checkbox"/> DISCHARGE / ASKED TO LEAVE		EXPLAIN:			
	<input type="checkbox"/> OTHER		EXPLAIN:			

HAVE YOU EVER BEEN PERMITTED TO RESIGN, RATHER THAN BE DISCHARGED, OR ASKED TO RESIGN FROM ANY POSITION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE STATE THE EMPLOYER AND THE REASON FOR THE DISCHARGE OR RESIGNATION.	
SPECIAL QUALIFICATIONS	
LIST ANY SPECIAL JOB-RELATED SKILLS, SOFTWARE, AND QUALIFICATIONS ACQUIRED FROM EDUCATION, EMPLOYMENT, VOLUNTEER WORK OR MILITARY SERVICE	
LIST SPECIFIC SKILLS RELATED TO TECHNOLOGY, COMMUNICATIONS, CUSTOMER SERVICE, MACHINES, TOOLS, MACHINERY OR OTHER EQUIPMENT THAT WILL BE HELPFUL IN PERFORMING RESPONSIBILITIES OF THE POSITIONS(S) FOR WHICH YOU ARE APPLYING.	

CRIMINAL HISTORY BACKGROUND	
<p>NOTE: A conviction, plea, or pending charges will not necessarily disqualify you from consideration for employment. The effect of a conviction, plea, or pending charges will be assessed with respect to time, circumstances, seriousness of the offense, and job responsibilities and duties. However, your failure to disclose a conviction, plea, or pending charge (except convictions, pleas, or pending charges protected from disclosure by state or local law) will disqualify you from consideration for employment or will result in termination of employment if subsequently discovered. If your application is rejected because of the contents of your criminal background check, a copy of that report will be provided to you.</p>	
DO YOU HAVE ANY PENDING CHARGES FOR A FELONY OR MISDEMEANOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, STATE THE NATURE OF THE PENDING CHARGES, THE DATE, THE COURT AND JURISDICTION IN WHICH THEY ARE PENDING, AND THE CAUSE (OR OTHER IDENTIFYING) NUMBER, AND FULLY EXPLAIN:	
HAVE YOU BEEN CONVICTED OF OR PLED GUILTY OR NO CONTEST TO A FELONY OR MISDEMEANOR <u>OTHER THAN A MINOR TRAFFIC-RELATED INFRACTION?</u> (Do <u>NOT</u> answer "yes" if your conviction record has been annulled, expunged, sealed, pardoned, erased, restricted, eradicated, or impounded or is otherwise protected from disclosure by law.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, STATE THE NATURE OF THE CONVICTION OR PLEA, THE DATE, THE COURT AND THE JURISDICTION, THE CAUSE (OR OTHER IDENTIFYING) NUMBER, AND FULLY EXPLAIN:	

SEE NEXT PAGE

APPLICANT STATEMENT

I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading, or omitted information in my application may result in the rejection of my application, the revocation of an offer of employment, or discharge if subsequently found after hire.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, through a criminal check, and/or driver's record check. This inquiry may include information as to, among other things, my character and general reputation, as well as information about my work performance and workplace conduct. I consent to this investigation, to a criminal background check, and to the consideration of any statement of references, former employers, or others that are given in response to the inquiry.

In addition, I waive in connection with any request for or provisions of such information, any claims or cause of actions, including without limitation, defamation, infliction or emotional distress, invasion of privacy, or interference with contractual relations that I might claim or otherwise have against the City of Mishawaka, its officials, employees, elected officials, or against any provider of information related to this application or the application process.

I understand that this application is not, and is not intended to be, a contract of employment nor does it guarantee an interview. The City of Mishawaka is an Equal Opportunity Employer and an Employer at Will.

NOTE: Submission of an application to the City does not guarantee a position or interview. Applications not completed including phone numbers and complete addresses where required may not be considered for employment. Resumé can be attached, but application needs to be complete. We are an at-will employer. Thank you for applying with the City of Mishawaka.

[] BY CHECKING THIS BOX AND FILLING THE BOXES BELOW, I UNDERSTAND AND AGREE TO ALL OF THE ABOVE.

APPLICANT SIGNATURE	DATE
PRINTED / TYPED NAME	

Resumés and applications may be submitted via email, fax, regular mail, in person, or online to:

Mail: Human Resources
City of Mishawaka
100 Lincolnway West
Mishawaka, Indiana 46544

Fax: (574) 254-0197
Email: humanresources@mishawaka.in.gov

VOLUNTARY AFFIRMATIVE ACTION SURVEY

TO BE COMPLETED BY APPLICANT – TO BE FILED SEPARATELY FROM APPLICATION
City of Mishawaka, located in Indiana / An Equal Opportunity Employer

As legally required, the City makes equal employment opportunities available to all without regard to race, sex, age, color, religion, national origin, disability, citizenship status, military status, genetic information, or any other category protected under federal, state, or local law. This policy applies to applicants and employees and to all aspects of employment including hiring, promotion, demotion, pay or other forms of compensation, and termination of employment. Further, irrespective of whether sexual orientation or transgender status are legally protected statuses, the City does not tolerate discrimination on the basis of sexual orientation or transgender status.

Completion Of Information Below Is Voluntary

Please be advised that your survey is considered confidential information and it is NOT a part of your official application for employment. Inclusion or exclusion of any data will NOT affect any employment decision.

In an effort to comply with government requirements regarding recordkeeping, reporting, and other legal obligations, we ask that you complete this application data survey. *Thank you for your cooperation.*

PERSONAL INFORMATION

Date: _____

Applicant's Name: _____

Address: _____ City, State, Zip: _____

Position Applied For: _____

REFERRAL SOURCE

Check All That Apply

- Advertisement
- Relative
- School
- City Employee
- Walk-In
- Private Employment Agency
- Government Employment Agency
- Other

Name of Source (if applicable)

GOVERNMENT REQUESTED INFORMATION

Male Female

Check One Of The Following Race / Ethnic Groups

- Asian
- Black or African American
- Caucasian / White
- Hispanic or Latino
- Native American or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Two or More Races

Check All That Apply

- Veteran
- Disabled Veteran
- Vietnam Era Veteran
- Disabled Individual