



APPLICATION FOR EMPLOYMENT

Please read the complete Job Description of the position for which you are applying. You must fill out the entire form. If you do not, you will not be considered for employment. The information you furnish will be used to judge your qualifications and evaluate your education and experience. You must be able to substantiate all information listed on this application.

THE CITY OF SOUTH BEND IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER. WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, CREED, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL OR VETERAN STATUS, SEXUAL ORIENTATION, OR ANY OTHER LEGALLY PROTECTED STATUS.

(PLEASE PRINT CLEARLY) Position applied for: _____

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)					

Are you legally eligible for employment in the U.S.A. ? Yes _____ No _____ (If yes, verification will be required)

Are you over the age of eighteen? _____ (you must be at least eighteen years of age to work for the City)

Are you available to work Full time? _____ Part time? _____ Shift work? _____ Temporary? _____

Were you previously employed by the City? _____ If yes, when? _____ What department? _____

If your application is considered favorably, on what date will you be available for work? _____ 20_____

EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed				Did you Graduate?	List Diploma or Degree
			5	6	7	8		
Elementary							<input type="checkbox"/> Yes	
						<input type="checkbox"/> No		
High School			1	2	3	4	<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
College			1	2	3	4	<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	
Other (specify)			1	2	3	4	<input type="checkbox"/> Yes	
							<input type="checkbox"/> No	

If you did not graduate from High School, have you received a General Equivalency Diploma? (GED) Yes _____ No _____

Describe any job related training received in the United States Military. _____

Are there any other experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? _____

EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent:

You must fill out this section completely to be considered for any position:

INCLUDE ALL EMPLOYMENT FOR THE PAST FIVE (5) YEARS.

Name & Address of Employer	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone: _____								

Name & Address of Employer	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone: _____								

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	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone: _____								

Name & Address of Employer	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone: _____								

If you need additional space, please continue on back of this application.

Please explain any gaps in employment history.

Were you ever discharged or forced to resign from any position? If so, Why? _____

May we inquire of your previous employer(s)? Yes _____ No _____ If not, Why? _____

IF YOU ARE APPLYING FOR A POSITION THAT REQUIRES THE OPERATION OF A MOTOR VEHICLE, PLEASE ANSWER THE FOLLOWING QUESTIONS:

Do you have a valid Driver's License? Yes _____ No _____ If yes: State: _____ Date of expiration: _____

TYPE: Operator _____ Chauffeur's _____ Commercial Driver's License _____ Number _____

If required, can you obtain an Indiana Commercial Driver's License? Yes _____ No _____

THE FOLLOWING QUESTIONS DO NOT BAR YOU FROM EMPLOYMENT AS EACH CASE IS CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING. THE CITY OF SOUTH BEND DOES NOT DISCRIMINATE ON THE BASIS OF HANDICAPPED, DISABLED VETERAN OR VIETNAM ERA VETERAN STATUS.

The City has a policy that requires regular daily attendance.

Are you able to comply with this policy? Yes _____ No _____

Are you able to perform, pursuant to the job description, all of the essential functions of the job for which you are applying? Yes _____ No _____

If "No", what accommodation(s) is/are necessary to enable you to perform these essential job functions? _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name	Complete Address	Phone Number

PLEASE READ AND SIGN BELOW

I certify that information given herein is true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of South Bend.

Signature of Applicant

Date



The City of South Bend is an Equal Opportunity / Affirmative Action Employer. In order to maintain our Equal Employment Opportunity records and monitor the effectiveness of our recruitment program, we ask that you VOLUNTEER the following information. THIS INFORMATION WILL NOT BE USED IN DETERMINING YOUR ELIGIBILITY FOR EMPLOYMENT. Please DO NOT write your name or Social Security number.

POSITION APPLYING FOR: _____

AGE: _____

SEX: _____

RACE:

Caucasian (White)

Asian or Pacific Islander (Oriental)

Black

American Indian or Alaskan Native

Hispanic

Multi-Racial

HOW DID YOU LEARN ABOUT THIS POSITION?

Walk In

Referred by a City Employee

Newspaper

Indiana Employment/Workforce Development

Recruiting Bulletin Board

Handicap Service Organization

Veteran Service Organization

Professional Journal

Radio

___ Social Center (which one?)

___ LaSalle Fillmore

___ Southeast Side

___ Northeast Side

___ Clay

Other (please specify):

Thank you for helping us better meet the needs of our community. Once again, this information is strictly for statistical purposes and in no way will this information be used to determine your employment opportunity.



Drug Test Consent and Information Release Form

I understand that one of the components of the City of South Bend Substance Abuse Program is a urine test for drugs as a condition of employment. I further understand that failure to consent to this drug test will be considered as a withdrawal of my application for employment.

I authorize the testing laboratory to release the results of this drug test only to the City of South Bend Medical Review Officer and to the City of South Bend Drug Program Administrator. I understand that this information will otherwise be kept confidential and will not be released without my written consent or as is otherwise permitted by law.

I further understand that if I refuse a position after taking the Drug Test and/or physical, I will be responsible for paying any costs incurred by the City of South Bend for said pre-employment testing.

PRINT FULL NAME: _____

SIGNATURE: _____ DATE: _____

PARENTS SIGNATURE: _____ DATE: _____
(FOR MINOR-AGED APPLICANT)