



The City of Logansport Employment Application

PERSONAL INFORMATION

Full Name		Date	
Current Mailing Address			
Telephone		Alternate Telephone	
E-mail Address			
Social Security Number		Referred By	
Former Names			

EMPLOYMENT INFORMATION

Position You Are Applying For				
Date Available to Begin		Expected Wage		
Type of Employment Desired	☐ Full-Time ☐ Part-Time	Are you available to work overtime?	☐ Yes ☐ No	Are you eligible to work in the U.S.? ☐ Yes ☐ No

EDUCATION

High School Name	City/State	Highest Year Completed	Degree	Major/Minor
		☐ 1 ☐ 3 ☐ 2 ☐ 4		
College/Trade School Name	City/State	Highest Year Completed	Degree	Major/Minor
		☐ 1 ☐ 3 ☐ 2 ☐ 4+		
List current licenses/certifications that are relevant to the position for which you are applying (copies may be requested)				
List any training that is relevant to the position for which you are applying				
List any skills and/or qualifications that are relevant to the position for which you are applying				

GENERAL INFORMATION

Have you ever been employed by the City of Logansport?	☐ Yes ☐ No	If yes, give dates of employment	From:	To:
Do you have any friends or family who are currently employed by us?	☐ Yes ☐ No	If yes, what are their name(s)		
Are you less than 18 years old? (Proof of age may be required after a job offer)			☐ Yes ☐ No	
Have you ever been convicted of a felony or misdemeanor? (A conviction does not constitute an automatic bar to employment)			☐ Yes ☐ No	
If yes, state the crimes(s), court(s), and sentence(s)				
Have you ever been terminated or asked to resign from employment?			☐ Yes ☐ No	
If Yes, please explain.				

WORK EXPERIENCE (Please list your <u>current</u> or <u>most recent</u> employer first)				
Company #1				
Address				
Position		Dates of Employment	Starting:	Ending:
Supervisor's Name		Telephone Number		
Description				
Reason for Leaving				
Permission to Contact	☐ Yes ☐ No	Pay	Starting:	Ending:
Company #2				
Address				
Position		Dates of Employment	Starting:	Ending:
Supervisor's Name		Telephone Number		
Description				
Reason for Leaving				
Permission to Contact	☐ Yes ☐ No	Pay	Starting:	Ending:
Company #3				
Address				

Position		Dates of Employment	Starting:	Ending:
Supervisor's Name		Telephone Number		
Description				
Reason for Leaving				
Permission to Contact	☐ Yes ☐ No	Pay	Starting:	Ending:

WORK REFERENCES (Please provide three <u>work-related</u> references, preferably past supervisors/managers)				
Reference 1	Name	Title		Phone
	Organization	Years Known	Nature of Acquaintance	
Reference 2	Name	Title		Phone
	Organization	Years Known	Nature of Acquaintance	
Reference 3	Name	Title		Phone
	Organization	Years Known	Nature of Acquaintance	

TERMS AND CONDITIONS OF APPLICATION AND EMPLOYMENT

I hereby certify that the information provided on this application is true and complete. I understand and agree that any falsification or significant omissions on this application may result in not being hired or, if found out after employment, may be grounds for dismissal. I understand and agree that under the terms of employment with the City of Logansport, the employment relationship is terminable "at will" without notice or cause, unless set out in writing, dated, and executed by both parties. I understand that neither this document nor any offer of employment from the City of Logansport constitutes an employment contract.

I understand that any offer of employment may be contingent upon my ability to comply with USCIS regulations establishing my identity and right to work in the United States. I understand that the City of Logansport is an Equal Employment Opportunity employer. The City of Logansport recruits and hires persons in all job titles without regard to race, sex, age, color, religion, national origin, disability, or sexual orientation.

I hereby authorize the City of Logansport to investigate fully all information contained in this employment application and to investigate and compile any other information that may bear upon my suitability for employment. **I further authorize my past and present employers to furnish the City of Logansport with my records of employment and the reasons for my separation and any and all information those employers may possess concerning me. I further release the City of Logansport and/or its agents to make an independent investigation of criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application.** I release the City of Logansport from liability or damages for compiling such information. Additionally, I release any organization that provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above-referenced sources used. Further, I understand that this application will be considered active for a period of ninety days. I have read and understand the foregoing statements and accept the same as conditions of employment.

Applicant Signature	Date