

Linton Police Department

190 NW A Street
Linton, IN 47441
(812) 847-4411
(812) 847-2867 Fax

www.lintonpolice.com

Application For Employment

AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, disability, sexual orientation, number of dependents, or any other legally protected status.

**Reasonable accommodations to people with disabilities available upon request to Employee Services.
(PLEASE PRINT)**

Position(s) applying for (be specific):

- 1.
- 2.
- 3.

NAME

(Last)

(First)

(Middle)

Social Security #:

Today's Date:

Address:

City State Zip Code

Telephone(s):

E-mail (optional):

Have you ever been employed by the City of Linton? ? Yes ? No

If Yes, give date & department

On what date would you be available to work?

Are you prevented from lawfully becoming employed in this country because of
Visa or Immigration Status? ? Yes ? No

Proof of citizenship or immigration status will be required upon employment.

Have you been convicted of, or are you currently charged ? Yes ? No

with, any crime or has your driver's license been suspended?

A current charge or conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain

Education

NAME

CITY

DEGREE/

MAJOR

High

School/GED

Business/

Trade School

College

Graduate/

Professional

Special Skills

List your special qualifications, skills or accomplishments. Some examples are: skills with machines or equipment, construction trade skills, typing w.p.m., computer experience, knowledge of Microsoft Word and Excel programs or other computer applications, public speaking or writing experience, etc. (Inclusion of a resume is desirable if applying for professional positions.)

Do you have a valid:

Driver's license? ? Yes ? No

Commercial Driver's License (CDL)? ? Yes ? No Type:

s

List professional, trade, business or civic activities and offices held.

Have you ever had any job-related training in the United States Military? ? Yes ?

No

If Yes, please describe

Employment History

Company Name:

Telephone:

Address:

Employed - (State month and year)

From To

1

Supervisor:

Weekly pay

Start Last

List Job Title & Duties:

Reason for Leaving:

Company Name:

Telephone:

Address:

Employed - (State month and year)

From To

2

Supervisor:

Weekly pay

Start Last

List Job Title & Duties:

Reason for Leaving:

Company Name:

Telephone:

Address:

Employed - (State month and year)

From To

3

Supervisor:

Weekly pay

Start Last



List Job Title & Duties:
Reason for Leaving:

We may contact the employers listed above
unless you indicate those you do not want us to
contact.

DO NOT CONTACT
Employer Number(s) Reason

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

NAME & OCCUPATION
ADDRESS
TELEPHONE

Applications will be screened after the closing date of the job posting. **ONLY THOSE APPLICANTS TO BE INTERVIEWED WILL BE CONTACTED.**
Applications are kept on file for six months.

PLEASE READ AND SIGN THE FOLLOWING STATEMENT

I certify that all information provided in this Application for Employment is true, correct and complete. I understand that any misrepresentation or omission of facts is sufficient reason for rejection of this application or termination of subsequent employment. Except as indicated on page three of this application, I authorize the City of Linton to investigate all statements made on my application and release from liability former employers, institutions or persons providing such information to the City.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

DATE SIGNATURE