CITY OF VALPARAISO

APPLICATION FOR EMPLOYMENT

If you are an applicant with a disability that you believe would prevent you, in any way from fully participating in the application process, please alert Human Resources at (219) 462-1161 immediately.

Please answer all questions completely and accurately. Incomplete applications may be rejected.
Today's Date _____

It is the policy of the City of Valparaiso to provide a harassment-free and equal employment opportunity work environment for all applicants and employees without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a medical condition or disability, or any other legally protected status. The City is committed to complying with all applicable federal, state and local regulations which provide protection from discrimination for various groups of applicants and employees.

The City of Valparaiso maintains a Code of Ethics and specific policies regarding employee and applicant honesty, performance, conduct, and attendance. The City of Valparaiso reserves the right to investigate any suspected unethical or questionable activities and any violation of policies including, but not limited to falsification of records, the use, sale or possession of alcohol or drugs while working or working under the influence of drugs or alcohol, and the like. Violations of the City's policies will result in disciplinary actions which could include termination and prosecution. **The employment relationship with the City of Valparaiso is at-will and employment can be terminated at any time, with or without cause of notice at the option of either the City or the employee.** Questions about these policies may be addressed to Human Resources.

PLEASE PRINT

Last Name	First Name	Middle Name

Address	City	State	Zip

Telephone Number(s) where you can be reached weekdays 8:30 a.m. – 4:30 p.m.	Social Security Number

Position applied for	Department	Date

How did you learn about this open position?

1. List days/hours available for employment interviews: _____

2. Wage/Salary requirements (please specify): _____

3. Have you ever been employed with us? ☐ Yes ☐ No
   If Yes, give date _____

4. Are you related to anyone who works for the City of Valparaiso? ☐ Yes ☐ No
   If yes, give name and relationship to you _____

5. Are you currently employed? ☐ Yes ☐ No

6. Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

7. On what date would you be available for work? _____

8. Are you able to work: ☐ Part-Time (less than 35 hrs) ☐ Full-Time (35 or more hrs) ☐ Additional Hours
   (*Check all that apply*) ☐ Overtime ☐ Weekends ☐ Shift Work ☐ Temporary Job

9. Are there any limitations on your work hours? ☐ Yes ☐ No

If yes, explain _____

10. Can you travel on day or overnight trips, if a job requires it? ☐ Yes ☐ No

11. Have you ever worked under a different last name than currently used? ☐ Yes ☐ No

If yes, please provide name _____

12. Have you ever had any job related-training in the United States military? ☐ Yes ☐ No

If yes, please describe _____

13. Are you currently legally eligible (by reason of citizenship or legal alien status) for employment in the United States? ☐ Yes ☐ No
(*Proof of eligibility to work in the US will be required upon employment)*

14. If you are under 18 years of age, do you have a work permit? ☐ Yes ☐ No

15. Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, list date(s) of conviction and the type(s) of offense(s) _____

Falsification, misrepresentation and/or omission of a felony conviction is grounds for refusal to hire, or if hired, for dismissal. A conviction does not automatically disqualify an applicant from employment. The date, nature and seriousness of the offense will be considered.

EMPLOYMENT EXPERIENCE

Please list all jobs held beginning with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

Employer _____ Type of Business _____

Street Address _____ City, State, Zip _____

Employer Telephone No. _____ Position Title _____

Employed from _____ to _____ Salary - Beginning _____ Ending _____

☐ Full-Time ☐ Part-Time ☐ Temporary Supervisor _____

Description of Work _____

Reason for Leaving _____

If the employer were asked, is this the same reason they would give? ☐ Yes ☐ No

If no, please explain _____

Were you involuntarily terminated from this position? ☐ Yes ☐ No

Do you authorize us to contact this employer at this time? ☐ Yes ☐ No

Have you ever been reprimanded, suspended, placed on probation, or discharged for attendance, tardiness, or work performance? ☐ Yes ☐ No

If yes, please explain _____

Employment Experience (continued)

Employer _____ Type of Business _____

Street Address _____ City, State, Zip _____

Employer Telephone No. _____ Position Title _____

Employed from _____ to _____ Salary - Beginning _____ Ending _____

☐ Full-Time ☐ Part-Time ☐ Temporary Supervisor _____

Description of Work _____

Reason for Leaving _____

If the employer were asked, is this the same reason they would give? ☐ Yes ☐ No

If no, please explain _____

Were you involuntarily terminated from this position? ☐ Yes ☐ No

Do you authorize us to contact this employer at this time? ☐ Yes ☐ No

Have you ever been reprimanded, suspended, placed on probation, or discharged for attendance, tardiness, or work performance? ☐ Yes ☐ No

If yes, please explain _____

Employer _____ Type of Business _____

Street Address _____ City, State, Zip _____

Employer Telephone No. _____ Position Title _____

Employed from _____ to _____ Salary - Beginning _____ Ending _____

☐ Full-Time ☐ Part-Time ☐ Temporary Supervisor _____

Description of Work _____

Reason for Leaving _____

If the employer were asked, is this the same reason they would give? ☐ Yes ☐ No

If no, please explain _____

Were you involuntarily terminated from this position? ☐ Yes ☐ No

Do you authorize us to contact this employer at this time? ☐ Yes ☐ No

Have you ever been reprimanded, suspended, placed on probation, or discharged for attendance, tardiness, or work performance? ☐ Yes ☐ No

If yes, please explain _____

Employment Experience (continued)

Employer _____ Type of Business _____

Street Address _____ City, State, Zip _____

Employer Telephone No. _____ Position Title _____

Employed from _____ to _____ Salary - Beginning _____ Ending _____

☐ Full-Time ☐ Part-Time ☐ Temporary Supervisor _____

Description of Work _____

Reason for Leaving _____

If the employer were asked, is this the same reason they would give? ☐ Yes ☐ No

If no, please explain _____

Were you involuntarily terminated from this position? ☐ Yes ☐ No

Do you authorize us to contact this employer at this time? ☐ Yes ☐ No

Have you ever been reprimanded, suspended, placed on probation, or discharged for attendance, tardiness or work performance? ☐ Yes ☐ No

If yes, please explain _____

Employer _____ Type of Business _____

Street Address _____ City, State, Zip _____

Employer Telephone No. _____ Position Title _____

Employed from _____ to _____ Salary - Beginning _____ Ending _____

☐ Full-Time ☐ Part-Time ☐ Temporary Supervisor _____

Description of Work _____

Reason for Leaving _____

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Were you involuntarily terminated from this position? ☐ Yes ☐ No

Do you authorize us to contact this employer at this time? ☐ Yes ☐ No

Have you ever been reprimanded, suspended, placed on probation, or discharged for attendance, tardiness or work performance? ☐ Yes ☐ No

If yes, please explain _____

If you need additional space for your employment experience, please attach additional sheets of paper to the application.

EDUCATION

Circle highest level completed

	Elementary					High School				Undergraduate				Graduate			
School Name																	
School Address City, State, Zip																	
	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Course of Study																	
Specialized training, apprenticeship, skills, etc.																	
Honors you have received																	

JOB-RELATED ACTIVITIES

List professional, trade, business or civic activities and offices held. (You may exclude memberships which would reveal race, color, creed, sex, national origin, age, veteran status or disability as provided by law.)

SPECIALIZED SKILLS AND QUALIFICATIONS

Summarize relevant job-related skills and qualifications you posses and/or any additional information you feel may be helpful in considering your application.

List current licensures, certifications, including drivers license, CDL license number, etc. If applicable, include date received and expiration date. If a certification or license was not issued in Indiana, please indicate the state where issued.

REFERENCES

Give names, addresses and telephone numbers of two references who can speak to your ability to perform the functions of the job for which you are applying.

ACKNOWLEDGMENT OF TERMS OF APPLICATION

Initials_____ I certify that the information contained in this application, and accompanying resume, if any, is true and complete to the best of my knowledge and understand that falsification, misrepresentation and/or omission of information is grounds for refusal to hire, or if hired, dismissal. In making this application for employment, I authorize the City of Valparaiso to check employment and personal references, and to seek the release of investigatory information, including a "limited criminal history," possessed by any private or public employer or any local, state, or federal agencies to provide the City of Valparaiso any information they may release concerning the matters described herein or pertaining to questions herein, and I will cooperate to the extent necessary to obtain the release of this information. I understand that this investigation report of my employment history and background may be made whereby information is obtained through personal interviews and/or reference forms with third parties, law enforcement agencies prior employers, co-workers, or others. This inquiry may include information as to my character, general reputation, personal characteristics, work habits, and mode of living, whichever may be applicable. I expressly waive in connection with any request for, or provisions of such information, any claims or cause of action 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 Valparaiso, its officials, employees, trustees or agents, or against any provider of information related to this application or the application process. This authorization does not include release or other prohibited use of disability and medical related information prohibited in pre-employment inquires by the Americans with Disabilities Act (ADA).

Initials_____ In the event of my employment, I agree to conform to policies of the City of Valparaiso and acknowledge that these policies may be changed, interpreted, withdrawn, or added to by the City at any time, at the City's sole option and without prior notice to me. I understand that this application will be given every consideration, but its receipt does not imply that I will be employed. I understand that this employment application and any other City of Valparaiso documents are not contracts of employment, and that my employment will be employment at-will and may be terminated at any time, with or without cause or notice, at the option of either the City or myself. If hired, I understand that no modification or alteration of my employment at-will status shall be valid or binding, unless it is expressly set forth in a written document by the Board of Works.

Initials_____ I understand that the City of Valparaiso will require me to undergo a drug test by medical staff and/or agent selected by the City as a condition of my employment. I consent to the release of my drug test result to the City. I further understand that I must successfully pass the drug test to be considered for employment with the City of Valparaiso. I understand that medical examinations which are job-related and consistent with the City's business necessity may be required of me once I am employed. I further release the City of Valparaiso, including all of its officers, agents, representatives and employees from any and all claims, suits, causes of action, liabilities and damages associated with or arising from my submission to a drug test and/or medical examination. I also understand the City may maintain a restricted smoking environment.

Initials_____ I certify that the information in this application is correct and complete. I understand that if offered employment, my employment is contingent upon successfully completing all aspects of the post-offer pre-employment and reference checking processes.

_____ _____

Applicant's Signature Date

FOR PARK DEPARTMENT APPLICANTS ONLY

Check the following work in which experienced

MAINTENANCE APPLICATION
BUILDINGS

PAINTING _____
CARPENTRY _____
HEATING & AC _____
ELECTRICAL _____

EQUIPMENT OPERATION

PICK UP TRUCK _____
TRACTOR _____
HEAVY EQUIP. _____
SHOP MACHINERY _____

OTHER

MECHANIC _____
GROUNDS CARE,
NURSERY, LANDSCAPE ____
ATHLETIC FIELDS _____

HIGHEST LEVEL OF RESPONSIBILITY

LABORER _____
FOREMAN _____
SUPERVISOR _____

OFFICE APPLICANTS

BOOKKEEPING _____
FILING _____
COPY MACHINE _____
DICTAPHONE _____
WORD PROCESSOR _____
COMPUTER _____
FAX MACHINE _____
TYPING (WPM) _____

OTHER QUALIFICATIONS:

_____

RECREATION APPLICANTS
AQUATICS

SR. LIFESAVING _____
EXP. DATE _____
WSI CARD _____
EXP. DATE _____

DO YOU HOLD A FIRST AID CARD
☐ Yes ☐ No

RECREATION APPLICANTS
ARTS & CRAFTS

DRAWING _____
PAINTING _____
PAPER _____
NATURE _____

SPECIAL

BATON _____
CHEERLDG _____
SR. CITIZEN _____
MUSIC _____

RECREATION

HIKING _____
NATURE LORE_____
BOATING _____
ARCHERY _____
FISHING _____
COOKING _____

DRAMA

CREATIVE _____
PUPPETRY _____
SKITS _____
STORY TELLING____

GENERAL SPORTS
BADMINTON _____
BASEBALL _____
BASKETBALL_____
FOOTBALL _____
HOCKEY _____
ICE SKATING _____
SOCCER _____
SOFTBALL _____
TENNIS _____
VOLLEYBALL_____

OFFICIATING

WHAT SPORTS HAVE YOU OFFICIATED

_____

ARE YOU A LICENSED OFFICIAL _____
OTHER SKILLS OR ABILITIES:

_____

CITY OF VALPARAISO

VOLUNTARY SURVEY

To aid in our recruitment efforts and remain within our Federal and State record keeping guidelines, we would appreciate your compliance in completing the voluntary information below. This information is confidential, will be kept separate from your application and will not affect your consideration for employment.

Applicants and employees are provided with an equal employment opportunity regardless of race, color, creed, sex, national origin, age, veteran status or disability as provided by law.

(PLEASE PRINT) **TODAY'S DATE** _____

Name:		
Address:		
City:	State:	Zip:
Social Security #:		
Current Job:	Male: _____	Female: _____

Check one of the following:

____ White (not Hispanic)

_____ Black (not Hispanic)

____ Hispanic
Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

____ American Indian/Alaskan Native
Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

_____ Asian/Pacific Islander
Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or Indian Subcontinent.

____ Unknown

_____ Other (Specify)

Check if any of the following are applicable:

____ Vietnam Era Veteran

_____ Disabled Veteran