

# Employment Application

## TOWN OF LAPEL

The Town of Lapel is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

This application for employment is good for 90 days only. Consideration for employment after 90 days requires a new application.

### PERSONAL:

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip Code

Position Applied For: \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_

Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_ Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you over 18 years old? \_\_\_ Yes \_\_\_ No

Are you legally eligible for employment in the United States? \_\_\_ Yes \_\_\_ No

(If offered employment, you will be required to provide documentation to verify eligibility.)

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**EDUCATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

**High School:** No. of Yrs Completed (check one) 1 2 3 4

**Diploma:** \_\_\_ Yes \_\_\_ No **G.E.D.:** \_\_\_ Yes \_\_\_ No

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

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**College/Vocational School:** Number of Years Completed (check one) 1 2 3 4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

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### Other Training or Degrees:

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degree/Certificate Earned \_\_\_\_\_

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**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of License(s) Held \_\_\_\_\_

State of Indiana License Number \_\_\_\_\_

License Expiration Date \_\_\_\_\_

Other Professional Memberships \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

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**SKILLS:**

Office: Data Entry:  Excel  Other(s): \_\_\_\_\_

Accounting Software  Keystone  Other: \_\_\_\_\_

Microsoft 365: \_\_\_\_\_ Other: \_\_\_\_\_

Other Software Skills \_\_\_\_\_

Have you ever been previously employed by the Town of Lapel?  Yes  No  
If so, please state department name and dates of employment.

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

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**RECORD OF CONVICTION:**

Have you ever been arrested for or convicted of a crime that has not been expunged by a court?  Yes  No

If yes, explain: \_\_\_\_\_

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

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**EMPLOYMENT:** List last employer first, including U.S. Military Service.

May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No  
If any employment was under a different name, indicate name \_\_\_\_\_

**Employer:** \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position: \_\_\_\_\_

Dates of Employment: From \_\_\_\_ To \_\_\_\_ FT \_\_\_\_ PT \_\_\_\_ No. of Hrs. \_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Position: \_\_\_\_\_

Dates of Employment: From \_\_\_\_ To \_\_\_\_ FT \_\_\_\_ PT \_\_\_\_ No. of Hrs. \_\_\_\_  
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Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Position: \_\_\_\_\_

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Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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**REFERENCES:**

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

**Name** \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Town of Lapel to verify their accuracy and to obtain reference information on my work performance. I hereby release the Town of Lapel from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that Indiana law prohibits smoking in or around Town offices by employees, Department Heads, and Elected Officials. I further understand that I may be subject to penalties under Indiana law and also subject to disciplinary action up to and including termination of employment if I violate this policy.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_