

City of Greenwood Employment Application

Human Resources Department

Greenwood City Building
300 South Madison Ave.
Greenwood, IN 46142
Phone: (317) 887-5604
Fax: (317) 887-5868
Email: hr@greenwood.in.gov

The City of Greenwood is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, national origin, age, citizenship, marital or veteran status, or disability in employment. This governs all aspects of employment, including, but not limited to, hiring, assignments, promotions, discharges, benefits, and all other terms and condition of employment.

Personal Information:

Name:	Last	First	Middle	Last 4 digits of SS#	Date Completed: MM/DD/YYYY

Contact Information:

Address:	Street	Apt. or Box #	City	State	Zip
Primary Phone:	Alternative Number :			Email Address:	

Position applying for:

Shift Desired

Full-Time/Part-time/Seasonal/Other

1		
2.		

Availability:

Mon.

Tues.

Wed.

Thurs.

Fri.

Sat.

Sun.

Day							
Evening							
Anytime							

High School

Name/Location of School (City/State)			
Diploma Received	Yes	No	GED

College, University or Professional School

Name of School	City/State	Years Attended	Major	Degree Earned

Job-Related Training or Course Work (Vocational, Trade, Government, Training, Etc.)

Name of School	City/State	Dates of Attendance		Credit Hours Received	Course of Study or Training Subject	Training Completed	
		From	To			Yes	No

Special Skills/Training (Office, Computer, Technology, Management, Maintenance, Engineering, Trades, etc):

Employment History (Most Recent)

1.	Company Name	Job Title
Address		Phone Number w/ Area Code
Supervisor Name and Title		Employed – (Month and Year) From To
Weekly Pay Start End	Reason For Leaving	
Description of Job Duties and Responsibilities		

Employment History (cont'd)

2.	Company Name	Job Title
Address		Phone Number w/ Area Code
Supervisor Name and Title		Employed – (Month and Year) From To
Weekly Pay Start End	Reason For Leaving	
Description of Job Duties and Responsibilities		

Employment History (cont'd)

3.	Company Name	Job Title
Address		Phone Number w/ Area Code
Supervisor Name and Title		Employed – (Month and Year) From: _____ To: _____
Weekly Pay Start: _____ End: _____		Reason For Leaving
Description of Job Duties and Responsibilities		

May we contact your present or past employers: Yes ☐ No ☐ If no, which employer: _____

Please Explain Any Periods of Unemployment _____

Have you ever been convicted of a felony(s)?	Yes	No
If Yes, Please Explain:		
Are you legally eligible for employment in the U.S? (Proof of status or approved paperwork will be required upon employment)	Yes	No
Are you on layoff and subject to recall?	Yes	No
Will you work overtime if required?	Yes	No
Do you have a current CDL?	Yes	No
Have you completed an application here before?	Yes	No
	When?	
Have you ever been employed here before?	Yes	No
	When?	Department?
Do you have any relatives working here?	Yes	No
	Relative's Name?	

References

Name	Phone	Years Known	Personal/Professional

Acknowledgement and Signature

Please read carefully before signing. If you have any questions regarding the following statements or questions contained in this application, please ask before signing the application.

I understand that my application will remain active for one (1) year. I understand that according to federal law, all individuals who are hired must as a condition of employment, produce certain documentation to verify their identity and U.S. Citizens status or if alien, their legal authorization to work in the United States.

I understand that employment with the City is "at will" and an employee or the City may discontinue the employment relationship at any time. In addition, I understand that if I am employed I will have an Introductory Period. Successful completion of an employee's Introductory Period does not alter the "at will" employment relationship.

I certify that the information contained on this form is correct and complete to the best of my knowledge. I agree to inform the City of any additional information relating to questions raised on the application, which occur subsequent to my completion of the application. I understand that false, misleading, or omitted information will result in the rejection of the application. I also understand that my employment will be terminated for any misstatements, misleading or omission of fact appearing on this application form or any other employment document.

I authorize the release of information on the quality of my performance upon separation of employment by the City.

I understand that the City will strive to keep the information on this application confidential. I also understand that the City may be required to disclose information pursuant to I.C. 5-14-3, the Public Records Law. If disclosure of such information is required by the law, I agree to waive all rights of action against the City for disclosing any and all information included on this application.

Applicant Signature _____ Date _____