

**Town of Porter**  
303 Franklin Street  
Porter, IN 46304  
Phone: 219-926-2771  
FAX: 219-395-8811

**JOB APPLICATION**

**PERSONAL INFORMATION:**

First Name \_\_\_\_\_ Position Sought \_\_\_\_\_

Middle Name \_\_\_\_\_ When available \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address  
\_\_\_\_\_

City, State, Zip Code  
\_\_\_\_\_

Phone Number  
( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Are you at least 18 years of age \_\_\_\_\_

Are you eligible to work in the United States?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of or pleaded no contest to a felony within the last ten years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Are you interested in?  
Full-Time Permanent Work      YES or NO  
Part-Time Work                      YES or NO  
Temporary Work                      YES or NO

Do you Possess any type of professional License or certificate IE: CDL if so List below.

TYPE	STATE	ISSUING AUTHORITY	LICENSE#	DATE ISSUED	EXPIRATION DATE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has your above state license ever been suspended, revoked or terminated YES or NO?

If YES explain \_\_\_\_\_

**EDUCATION:**

Name and Address of School – Degree/Diploma – Graduation Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Skills and Qualifications Licenses, Skills, Training, Awards

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:**

Present or Last Position:

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

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

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_

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

\_\_\_\_\_

Previous Position:

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

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

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_

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

**May We Contact Your Present Employer?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**References:**

Name/Title Address Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Certification: Please read carefully.**

1. I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.
2. I hereby authorize the TOWN OF PORTER to investigate, through whatever means deemed appropriate by the TOWN OF PORTER, any information included in this application and all facts resulting from the investigation. TOWN OF PORTER is also authorized to use any information obtained from its investigations to determine my suitability for employment. I release the TOWN OF PORTER from any liability in connection with such investigation.
3. If employed, I agree to abide by the policies, procedures, rules and regulations of the TOWN OF PORTER. I acknowledge the TOWN OF PORTER's prerogative of revising, at any time, its policies, procedures, rules and regulations, and I agree to abide and be governed by such revisions.
4. I further understand that I am employed on an at-will basis and employment may be terminated by either party, with or without cause.
5. I understand that submission of this application does not obligate the TOWN OF PORTER in any way.
6. I understand that a criminal background check **will be** conducted prior to employment, if selected for hire. I consent to the TOWN OF PORTER conducting a criminal background check and will cooperate, upon request.
7. I hereby authorize any former employers or any other person given as references (unless otherwise noted) to answer any questions that may be asked.
8. The TOWN OF PORTER prohibits the unlawful possession, use, or distribution of illicit drugs and alcohol by employees on its property or as part of any of its activities. No employee is permitted to use or possess alcohol on any TOWN OF PORTER facility. Any employee who violates these standards of conduct for illicit during or the unlawful possession or use of alcohol is subject to termination.

Signature \_\_\_\_\_

Print Signature \_\_\_\_\_

Date \_\_\_\_\_

**VERIFICATION OF ELIGIBILITY FOR STATE OR LOCAL PUBLIC BENEFIT**  
**REQUIRED BY INDIANA CODE 12-32-1**

I, \_\_\_\_\_ (printed name), am a United States citizen or qualified alien (as defined under 8 U.S.C. 1641).

OR

\_\_\_\_\_ (printed name), is a United States citizen or qualified alien (as defined under 8 U.S.C. 1641).

I hereby verify under the penalty of perjury that the foregoing statement is true.

Date this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(printed name)

**AUTHORIZATION AND REQUEST FOR  
CRIMINAL RECORDS VERIFICATION AND FINGERPRINT  
INFORMATION**

I, Tara of Porter, hereby authorize Tara of Porter to obtain and/or request information about my criminal history and fingerprints from any entity chosen specifically for conducting this search, to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by city, county, state, and federal law. I do release said entities from all liability that may result from any such disclosure made in response to this request. I may revoke this request at any time, but that revocation must be in writing and give 30 days' notice of same.

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

Name (Last)	(First)	(Middle)
Address	City	State
Other names used by applicant (if any):		
Date of Birth	Place of Birth	Social Security Number
Driver's License No.	Issuing State	License expiration date