APPLICATION FOR EMPLOYMENT

THE CITY OF GLEASON IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DESCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY OR VETERAN STATUS IN EMPLOYMENT OPPORTUNITIES AND BENEFITS.

Overview of the hiring and employment process: This Application is but one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job. If you need an accommodation in order to complete any part of the hiring and employment process, please call the following number: (731)648-5547.

Prior to completing this *Application* be sure to read the JOB DESCRIPTION of the position for which you are applying. As you complete this *Application*, please bear in mind the following:

- We reserve the right to check all information for accuracy and completeness.
- All applications for employment are a matter of public record.
- If you need accommodation in order to complete this *Application*, please notify the municipality.

GENERAL INFORMATION

Date: Position Desired:						
Are you applying for: full time part time seasonal						
If part time, what days / hours are you available:						
Have you applied with the City of Gleason before? (circle) YES NO						
PERSONAL INFORMATION						
Name:						
(Last)	(First)	(Middle)				
Phone #: (Home)(Cell)	(Business) (Other)					
Address: Number	Street	The second secon				
City	State	Zip Code				

Do you have	Do you have a legal right to work in the U.S.? (circle)			NO
Are you over the age of 18? (circle)			YES	NO
		a felony? (note: this man employment) (circle)	y be relevant if YES	job- NO
If yes, please	explain:			
	(quired by job):		
	YOUR EDU	CATION AND TRAIN	ING	
High School	attended:			
	State			
Do you have a High School Diploma? (circle)			YES	NO
Please list oth	er education you ha	ave received.		
College/University/ Trade or Business Schools attended	City / State	Degree Earned? Type Degree	Major Area	of Study
Applications of the second of				- Indiana in the last of the l
		ial courses, work training		ned
_		ills (licensees, skills with		
Based on the	JOB DESCRIPTIO	N of the position for whi	ch you are appl	ying:

Are you able to perform the essential functions of the job for which you've applied (note: you may later be asked to demonstrate your ability to perform the essential functions)? Yes, but I will need reasonable accommodations in order to perform the essential functions (please complete the next question)						
perform the es	Yes, and I will not need sential functions	ed reasonable accommo	dations in order to			
	e any accommodations sential functions of the	(四)	to adequately			
		×				
	REF ee or four persons, other ge of your character and		er employers who			
NAME	MAILING ADDRESS	YEARS KNOWN	PHONE			
			65			
	v					

PRIOR EMPLOYMET RECORD

List below all present and past employment information and / or substantive volunteer work:

Name and address of previous emplo	oyer:	<u> </u>	
Phone number:			_
Your supervisor:			
Your job title / responsibilities:			_
Date hired:	Date	e left:	
Reason for leaving:			
Starting salary:	Endin	ng salary:	
May we contact this employer:	YES	NO	
	****IMPOR	TANT***	
I understand that falsified infand my application from furt considered justification for d I waive any right of privilege	y) is true and of formation or such a consideral ismissal if distance, privacy, and	complete to the best of my knowledge. significant omissions may disqualify mention for employment and may be	
Applicant Signatu	re	Date	

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