

# City of Bluffton

## APPLICATION FOR EMPLOYMENT

The City of Bluffton is an equal opportunity employer. Applicants are considered for employment without regard to race, color, religion, sex, age, disability, national origin, or any other basis prohibited by law, unless such basis constitutes a *bona fide* occupational qualification. City of Bluffton will comply with its legal obligation to provide reasonable accommodation to qualified individuals with disabilities.

Date of Application \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_

PLEASE PRINT

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Telephone (\_\_\_\_) \_\_\_\_\_

If you have resided at your present address less than three years, list your prior address:

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Position(s) Desired \_\_\_\_\_ Salary Expected \_\_\_\_\_

Are you available to work  Full Time  Part-Time  Temporary  
 On-Call  Overtime  Any Shift

On what date would you be available for work? \_\_\_\_\_

Are you on a layoff and subject to recall at another employer?  Yes  No

Have you filed an application here before?  Yes  No If yes, give date(s) \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, give date(s) \_\_\_\_\_

Do you have any relatives or friends that are employed here?  Yes  No If yes, please list them by name and relationship.  
\_\_\_\_\_  
\_\_\_\_\_

Why did you apply for a position at City of Bluffton? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you think you would make a valuable employee of City of Bluffton? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1 B visa status)?  Yes  No

Are you 18 years or older?  Yes  No

Have you been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic-related infraction? (A conviction or plea will not necessarily disqualify you from consideration for employment. The effect of a conviction will be assessed with respect to time, circumstances, seriousness of the offense, and job responsibilities and duties. However, your failure to list a conviction will disqualify you from consideration for employment or will result in termination of employment if subsequently discovered)  Yes  No

If yes, state the nature of the conviction or plea, the date, and explain \_\_\_\_\_

Name of person to notify in case of emergency \_\_\_\_\_

Address \_\_\_\_\_ Emergency Phone No. \_\_\_\_\_

**EDUCATION**

Type of School	Name of School <i>City and State</i>	Number of Years Completed	Graduate?		Course Pursued/ Degrees Granted
			Yes	No	
High School					
College or University					
Business, Trade, Technical, or Correspondence School or College					

List any special job-related skills, software, and qualifications acquired from education, employment, volunteer work or military service. \_\_\_\_\_

List specific skills on office machines, tools, machinery or other equipment that you are trained on and can operate that will be helpful in performing the responsibilities of the position(s) for which you are applying \_\_\_\_\_

**PERSONAL REFERENCES**

List the name, address and telephone number of three references who are not related to you and are not previous employers.

1. \_\_\_\_\_  
Name Address Telephone No.
2. \_\_\_\_\_  
Name Address Telephone No.
3. \_\_\_\_\_  
Name Address Telephone No.

# EMPLOYMENT RECORD

Starting with your present or most recent job, list all your employment experience for at least the last 15 years. You may include job-related military service assignments and volunteer activities that reflect your qualifications for employment.

Employer	Employment Dates	Kind of Work Performed:
Address	From	
	To	
Telephone (      )	Salary/Hourly Rate	
Job	Starting:	
Immediate Supervisor	Final:	
Employer	Employment Dates	Kind of Work Performed:
Address	From	
	TO	
Telephone (      )	Salary/Hourly Rate	
Job Title	Starting:	
Immediate Supervisor,	Final:	
Employer	Employment Dates	Kind of Work Performed:
Address	From	
	To	
Telephone (      )	Salary/Hourly Rate	
Job Title	Starting:	
Immediate Supervisor.	Final:	
Employer	Employment Dates	Kind of Work Performed:
Address	From	
	to	
Telephone (      )	Salary/Hourly Rate	
Job Title	Starting:	
Immediate Supervisor.	Final:	
Employer	Employment Dates	Kind of Work Performed:
Address	From	
	to	
Telephone (      )	Salary/Hourly Rate	
Job Title	Starting:	
Immediate Supervisor.	Final:	

If you need additional space, please continue on a separate sheet of paper

May we contact the employers listed above?  Yes  No If no, indicate which one(s) you do NOT wish us to contact and state the reason why you prefer that we do not contact the employer(s). \_\_\_\_\_

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Have you ever been discharged, permitted to resign rather than be discharged, or asked to resign from any position?  Yes  No If yes, please state the employer, and the reason for the discharge or resignation. \_\_\_\_\_

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Which of your previous jobs have you liked best? \_\_\_\_\_

Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which of your previous jobs have you liked least? \_\_\_\_\_

Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. \*\*\***

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

A review of the activities involved in such a job or occupation has been given.

\_\_\_\_\_ YES \_\_\_\_\_ NO

APPLICANT'S STATEMENT

Please indicate that you have read and understand each paragraph of the Applicant's statement by placing your initials beside each paragraph.

Initials

I certify that this application was completed by me and that all entries and information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading or omitted information in my application may result in the rejection of my application, the revocation of an offer of employment, or discharge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I understand that an investigation may be made and information may be obtained through interviews with personal references and past employers, through a credit check, a criminal history check and/or a driver's record check. This inquiry may include information as to, among other things, my character, general reputation and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references, former employers or others that are given in response to the inquiry. If the City of Bluffton decides to obtain a consumer credit report, I understand that the City of Bluffton will provide, at my request, the name and address of the reporting agency so I may obtain from such reporting agency the nature and substance of information contained in such report.

I hereby release all parties, including but not limited to the City of Bluffton personal references and previous employers, from liability for any injury or damage that may result from their furnishing information concerning me or any action the City of Bluffton takes on the basis of such information.

I understand that, if I am offered a job, as a condition of beginning my employment, I may be required to undergo a physical examination and drug screen, and I hereby authorize any doctor, hospital, clinic, laboratory and/or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that examination and related considerations.

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 United States citizen status or, if aliens, their legal authorization to work in the United States. As a consequence, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time period required by law.

I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment is for no fixed period of time and is terminable at any time and for any reason by me or by the City of Bluffton. I further understand that statements which may be contained in policies, practices, handbooks or other material do not create any guarantee of employment and that the City of Bluffton has the right to modify, amend or terminate policies, practices, benefits plans or other programs within the limits and requirements imposed by law. I understand that no representative of the City of Bluffton, other than an officer, has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding.

I understand that, upon employment, I will sign an agreement relating to confidential information, if required.

I certify that I am not bound by any employment contract or non-competition agreement that would be breached by any employment that might be offered to me by the City of Bluffton, nor am I in possession of nor will I at any time reveal to the City of Bluffton, under any circumstances, any proprietary or confidential information that is the subject of any contract, non-disclosure agreement or prior work relationship involving any other person or entity.

Signature of Applicant

Date:

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER 60 DAYS

# CITY OF BLUFFTON

**TAMARA RUNYON, IAMC,CMC**  
OFFICE OF THE CLERK TREASURER  
128 EAST MARKET STREET  
BLUFFTON IN 46714

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Phone 260-824-0612  
Fax 260-824-6041

E-Mail : [cityclerk@ci.bluffton.in.us](mailto:cityclerk@ci.bluffton.in.us)

TO: PROSPECTIVE EMPLOYEES

The City of Bluffton requires a minimum of a high school diploma or a GED for employment as is stated in all job descriptions. Your application will not be considered for employment, if and when an opening exists, until verification of education is received by my office.

Please return with your completed application a copy of your high school diploma, transcripts, documentation of your GED or college enrollment. Please black out public information (the year of your graduation) before returning the application to my office. We can make a copy of your diploma for you.

References must be turned in with the application.

If you have a prepared resume or any other additional educations please enclose.

# CITY OF BLUFFTON

TAMARA RUNYON, IAMC, CMC  
OFFICE OF THE CLERK TREASURER  
128 EAST MARKET STREET  
BLUFFTON IN 46714

Phone 260-824-0612  
Fax 260-824-6041

DATE: \_\_\_\_\_

## REQUEST FOR RELEASE OF BACKGROUND HISTORY INFORMATION

I, the undersigned, hereby authorize and give my consent to the Bluffton Police Department and Wells County Sheriff's Department, Wells County, Indiana to release to the office of the Clerk-Treasurer (Human Resource) any and all criminal history information regarding myself as is available to the Bluffton Police Department and/or the Wells County Sheriffs Department.

I hereby waive, release and surrender any and all rights to claims which I may have against the City of Bluffton, Wells County, the Bluffton Police Department, Wells County Sheriffs Department or any of the officers or employees of the City of Bluffton and/or Wells County, that may arise as a result of the release of this criminal history information.

PRINTED NAME: \_\_\_\_\_ SS No.: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SIGNATURE OF PARENT IF UNDER 18 YEARS OF AGE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

\*\*\*\*\*FOR POLICE DEPARTMENT/SHERIFFS DEPARTMENT USE ONLY \*\*\*\*\*

DATE: \_\_\_\_\_

NO CONVICTION DATA FOUND

SEE ATTACHED CRIMINAL HISTORY

\_\_\_\_\_  
BLUFFTON POLICE DEPARTMENT/WELLS COUNTY SHERIFFS DEPARTMENT

NOTE: ANY CRIMINAL HISTORY INFORMATION FURNISHED IS BASED UPON THE NAME AND DATE OF BIRTH GIVEN ABOVE.

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SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
MY COMMISSION EXPIRES: \_\_\_\_\_

Notary Public

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_