

Employment Application

CITY OF HAMMOND



MAYOR THOMAS M. McDERMOTT, JR.

Personnel Department
Equal Employment Opportunity Office
5925 Calumet Avenue • Hammond, Indiana 46320
(219) 853-6501

**Hiring will be done in accordance
with ordinance number 8620**

Mission Statement

The City of Hammond, Indiana, provides equal access to efficient, high-quality, professional services. As a municipal corporation, we are committed to maintaining a team of dedicated, well-trained employees who are responsive to the needs of our residents, businesses, and visitors. We promote a spirit of cooperation that allows people in our community an opportunity to participate, prosper and grow.

NAME:

LAST

FIRST

MIDDLE

DATE

POSITION APPLIED FOR:

We consider applicants for all positions without regard to race, color, religion, gender, age, national origin, sexual orientation, marital status, familial status, veteran status, disability, the presence of a non-job-related medical condition or any other legally protected status. It is our intention that all qualified applicants be given equal opportunity and that the selection decisions are based on job-related factors.

APPLICANT DATA

(All applications must be printed in ink.)

Any misrepresentation on this application may be sufficient cause to disqualify applicant from consideration for employment and/or termination if employed.

NAME (Last, First, Middle)		Date
PRESENT ADDRESS (Street No., City, State, Zip Code)		Home Phone
Salary Expected \$ _____ per week or \$ _____ year.	Do you have a valid Indiana driver's license? Yes ☐ No ☐	

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

Have you ever filed an application with the City of Hammond? ☐ Yes ☐ No If Yes, give date _____

Have you ever been employed with the City of Hammond? ☐ Yes ☐ No If Yes, give date _____

Do you have any relatives employed by the City of Hammond? ☐ Yes ☐ No If Yes, please list:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Are you employed now? ☐ Yes ☐ No May we contact your present employer? ☐ Yes ☐ No

On what date would you be available for work? _____

Are you available to work ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary ☐ Seasonal ☐ Summer

Are you capable of performing the job duties of this position ☐ Yes ☐ No If no, please explain:

Are you on a lay-off and subject to recall? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please explain:
(Conviction will not necessarily disqualify applicant from employment.)

EMPLOYMENT RECORD

If Records Are Under Another Name, Please Indicate For Reference Purposes.
Starting with Present or Last Employer, List all Employment, Including Part-Time or Temporary Work.

Place of Employment	Date Mo. and Yr.	Position Held	Salary or Hourly Rate	Supervisor
Name	From		Beginning \$	Name
Address	To		Leaving \$	Position
Kind of Business		Reasons for Leaving		Department you worked in
Nature of Work and Duties at Start			Nature of Work and Duties at Leaving	

Name	From		Beginning \$	Name
Address	To		Leaving \$	Position
Kind of Business		Reasons for Leaving		Department you worked in
Nature of Work and Duties at Start			Nature of Work and Duties at Leaving	

Name	From		Beginning \$	Name
Address	To		Leaving \$	Position
Kind of Business		Reasons for Leaving		Department you worked in
Nature of Work and Duties at Start			Nature of Work and Duties at Leaving	

PLEASE INDICATE SPECIAL SKILLS TRAINING OR EXPERIENCE

☐ Typing Speed _____ w.p.m.	☐ Word Processing Equipment (type) _____	☐ Accounting/Bookkeeping	☐ Licenses _____	☐ Other Equipment (Construction, Vehicles, etc.) _____
☐ Sign Language	☐ Computer Terminal (type) _____	☐ Printing Equipment _____	_____	_____
☐ Records & Filing	☐ Computer Languages (list) _____	☐ Trade/Professional Skills (list) _____	_____	_____
☐ Foreign Languages you can speak and write _____				

MILITARY HISTORY AND STATUS

HAVE YOU EVER SERVED IN THE MILITARY? ☐ YES ☐ NO
IF YOU ANSWERED "NO", SKIP TO NEXT SECTION

BRANCH OF SERVICE	FROM	TO	TYPE OF DISCHARGE
CITATIONS, AWARDS RECEIVED			

REFERENCES

Name of References (Not Relatives)	Address	Telephone
		()
		()
		()

EDUCATION

If Records Are Under Another Name, Please Indicate For Reference Purposes.

Type of School	Name and Location	Major Field of Study	Degree or Letter Grade
High School Last Attended			
College			
Graduate School			
Other			

	Elementary/ Middle School	High School	College/Voc. Technical	Graduate School
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

The City of Hammond is an equal opportunity employer. The City does not discriminate in employment and questions on this application are not used for the purpose of limiting or excluding any applicant for consideration of employment on a basis prohibited by local, state or federal law.

This application will be kept on file for three (3) years. At the conclusion of this time, if you have not heard from the City of Hammond and still wish to be considered for employment, it will be necessary for you to complete a new application.

You must agree to the terms of the agreement to submit your personal information. By agreeing to the terms and conditions set out in this Privacy Statement, and by providing us with your personal information, you consent to the collection, use and disclosure of any information you provide in accordance with the above purposes and this Privacy Statement. By agreeing to these terms and conditions, you are also certifying that the information collected is correct and that you understand that misrepresentation may be cause for rejection of your application or may be cause for termination if employed.

Our Privacy Statement may change from time to time, subject to relevant applicable laws. We will not reduce your rights under this Privacy Statement without your consent.

If hired, pursuant to the Immigration Reform and Control Act of 1986, I agree to complete and sign the verification form designated by INS certifying, by documentation, that I am eligible for employment.

SIGNATURE

DATE

For Personnel Department Use Only

Date	Department	Contact Person	Position Applied For

Interviewed by:	Position Interviewed for:	Date:
1.		
2.		
3.		
4.		

REFERENCES CHECKED			
Name	Address	Date Sent	Date Received

INVITATION TO SELF-IDENTIFY**COMPLETION OF ANY AND/OR ALL INFORMATION BELOW IS VOLUNTARY**

We consider applicants for all positions without regard to race, color, religion, gender, age, national origin, sexual orientation, marital status, familial status, disability, the presence of a non-job-related medical condition or any other legally protected status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

DATE _____

POSITION(S) APPLIED FOR _____

REFERRAL SOURCE

☐ ADVERTISEMENT ☐ EMPLOYEE ☐ WALK-IN ☐ SCHOOL
☐ GOVERNMENT EMPLOYMENT AGENCY ☐ PRIVATE EMPLOYMENT AGENCY
☐ OTHER _____ Name of source – if applicable _____

APPLICANT NAME _____ PHONE _____

ADDRESS _____

City

State

Zip Code

As required, we comply with governmental regulations including nondiscrimination and affirmative action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is **not** part of your official Employment Application. It is considered confidential information that will not be used in any hiring decision.

CHECK ONE ☐ MALE ☐ FEMALE ☐ GENDER – NON-BINARY ☐ I DO NOT WISH TO ANSWER

CHECK THE FOLLOWING RACE/ETHNIC GROUP

☐ HISPANIC/LATINO ☐ WHITE/CAUCASIAN ☐ AMERICAN INDIAN/ALASKA NATIVE
☐ BLACK/AFRICAN AMERICAN ☐ ASIAN ☐ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
☐ TWO OR MORE RACES ☐ I DO NOT WISH TO ANSWER

SELF-IDENTIFICATION OF PROTECTED VETERAN STATUS

☐ DISABLED VETERAN ☐ RECENTLY SEPARATED VETERAN
☐ ACTIVE DUTY WARTIME or CAMPAIGN BADGE VETERAN ☐ ARMED FORCES SERVICES MEDAL VETERAN
☐ I AM NOT A PROTECTED VETERAN ☐ I DO NOT WISH TO ANSWER

SELF-IDENTIFICATION OF DISABILITY STATUS

☐ YES, I HAVE A DISABILITY or HAVE A HISTORY/RECORD OF HAVING A DISABILITY
☐ NO, I DO NOT HAVE A DISABILITY or A HISTORY OF HAVING A DISABILITY
☐ I DO NOT WISH TO ANSWER

APPLICANT CERTIFICATION

Read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the Personnel Director before initialing.

I understand and accept that, if I am hired, I may be hired conditional on passing any medical and/or psychological examinations that the City of Hammond deems necessary to determine my ability to perform the essential functions of the position. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

I understand that it may be necessary for me to approve and sign any waivers necessary in order for the City of Hammond to obtain information from my current and former employers.

Initials: _____

I understand and accept that if any information required in this application is found to be false if/or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the City of Hammond, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

I solemnly swear that all of the information furnished in this Employment Application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentations or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

Initials: _____

By submitting this document, I hereby agree that I shall execute the City of Hammond's conditional and post-employment medical examination and drug testing consent requirements. I recognize that my future employment with the City of Hammond will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

Initials: _____

Signature: _____

Date: _____

Printed Name: _____