

APPLICATION FOR EMPLOYMENT

TOWN OF CAMBRIDGE CITY, INDIANA
127 North Foote Street, Cambridge City, IN 47327
(765) 478-3522 Fax (765) 478-3832

TOWN OF CAMBRIDGE CITY, INDIANA
All applicants for positions of employment with the Town of Cambridge City shall be considered without regard to age, creed, color, race, gender, disability, marital status or any other legally protected status that now exists or in the future may exist.

PLEASE PRINT

Position For Which Applying: _____ Date: _____

Name: Last _____ First: _____ Middle _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Day _____ Evening: _____

Email Address: _____

(Circle One)

- | | | |
|--|-----|----|
| 1. If you are under 18 years of age, can you provide required proof of your eligibility to work? | Yes | No |
| 2. Have you filed a previous application with us? | Yes | No |
| 3. Have you ever been employed with us before? | Yes | No |
| 4. Are you presently employed? | Yes | No |
| 5. May we contact your present employer? | Yes | No |
| 6. Are you prevented from lawfully becoming employed in the United States of America because of your Immigration or Visa status?
(Proof of citizenship is required upon employment) | Yes | No |

7. On what date would you be available to work? _____

8. What are you looking for as a starting hourly rate? _____

9. Are you available to work (circle all that apply): Part-time Full time Temporary Shift Work

10. Are you currently on "layoff" status and subject to recall? Yes No

11. Can you attend job related schools that may require travel and/or remain in residence at such schools until training is completed? Yes No

12. Have you been convicted of a felony within the last 7 years?
(Conviction may not necessarily disqualify an applicant from employment)

If you answered yes regarding a felony conviction, explain the circumstances

EDUCATION

School Name/Address	Course of Study	Total Years	Diploma
Elementary School _____			
High School _____			
Undergraduate School _____			
Graduate School _____			
Technical School(s) _____			

TOWN OF CAMBRIDGE CITY, Indiana

AUTHORIZATION and WAIVER

I HEREBY AUTHORIZE the Town of Cambridge City, Indiana, and its representatives, to conduct a background investigation and HEREBY AUTHORIZE the release of information in connection with my application for employment. The investigation may include, but not be limited to, such information concerning any criminal history, civil judgments, driving record, previous and current employers, personal references, professional references and all other appropriate sources.

I HEREBY WAIVE my right to access to any such information and, without limitation, hereby release the Town of Cambridge City, its representatives and agents, as well as the source of gathered information, from any liability in connection with the release or use of any such information.

DATED this _____ day of _____, 20_____.

Signature of Applicant

Applicant's Date of Birth

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	<u>Dates Employed</u>	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary	
Job Title	Supervisor	
Reason for Leaving		
Employer	<u>Dates Employed</u>	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary	
Job Title	Supervisor	
Reason for Leaving		
Employer	<u>Dates Employed</u>	Work Performed
Address		
Telephone Number(s)	Hourly Rate/Salary	
Job Title	Supervisor	
Reason for Leaving		

If you need additional space, please continue on the back of this paper.

<p>List professional trade, business or civic activities and offices held. You may exclude memberships that would reveal gender, race, religion, age, ancestry, disability or other protected status.</p>

VOCATIONAL OR SPECIALIZED TRAINING

Describe any vocational, specialized training, apprenticeships or avocations skill training.

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experiences.

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application.

DO NOT ANSWER THIS 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 the activities involved in the job or position for which you are applying? **(A Job Description of the activities involved in such job or position is attached).**

Yes No (Circle One)

REFERENCES

1.) _____ () _____
Name Title Phone

Address Years Known

2.) _____ () _____
Name Title Phone

Address Years Known

3.) _____ () _____
Name Title Phone

Address Years Known

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application shall be considered active until such time the applicant wishes to withdraw from consideration of employment and upon notification of withdraw, the application shall be returned to the applicant.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town of Cambridge City is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. Exceptions to the "at will" policy must be by written authorization of the Town Council or their designated representative.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules, regulations and policies of the Town of Cambridge City.

Signature of Applicant

Date

CAMBRIDGE CITY POLICE DEPARTMENT

WAIVER OF LIABILITY

I _____ do hereby certify, that I am physically fit to participate in the Cambridge City Police Department's Physical Agility Test, Indiana Law Enforcement Academy Entry Standards for Police Officer.

I further certify that a copy of the Cambridge City Police Department's Physical Agility Test, Indiana Law Enforcement Academy Entry Standards has been provided to me in advance, that I have reviewed the Indiana Law Enforcement Academy Physical Agility Entry Standards (copy attached) and there are no medical reasons that I am aware of or have made the Cambridge City Police Department aware of, that would prohibit me from participating.

I further understand that by participating in the Cambridge City Police Department's Physical Agility Test, and by signing this "Waiver of Liability," I hold the Cambridge City Police Department, it's employees administering the test, and the Western Wayne School Corporation, harmless from all liability, damages, costs, and cause of action arising from injuries or losses that might occur, during my participation in the Physical Agility Test.

I further agree to indemnify the Cambridge City Police Department, its employees administering the test and the Western Wayne School Corporation, for any and all cost incurred, including attorney fees, should I or anyone representing my interest, file any civil action to collect for injuries sustained during my participation in the Physical Agility Test.

DATE: _____

Signature of Participant

Printed Name of Participant

DATE: _____

Signature of Witness

Printed Name of Witness

WORK ENVIRONMENT: The work environment characteristics described hereon are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions.

- The employee is regularly required to work indoors in a business office with constant temperature and noise levels in the moderate range.
- The employee is regularly required to sit in and /or operate a vehicle for periods of time exceeding two (2) hours. Occasionally the vehicle must be operated in an emergency manner at high rates of speed.
- The employee is frequently required to work in an outdoor environment and encounter extremes of temperature (hot/cold) and noise levels (soft/loud). Also varying conditions (dry/wet/humid).
- The employee may be occasionally exposed to life threatening situations wherein a high degree of danger exists to the employee and others.

OTHER SKILLS AND ABILITIES:

- Ability to type.
- Ability to use common office machines (copier/FAX computer/etc.)
- Ability to effectively manage and coordinate a variety of events and tasks.
- Ability to function effectively in stressful situations.
- Possess and exhibit a high degree of tact and diplomacy.
- Familiarity and proficiency with defensive and offensive weapons commonly deployed by police officers.
- Ability to answer “call-out” situations.

PHYSICAL DEMANDS: The physical demands described hereon are representative of those that must be met by an employee to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

- The employee is regularly required to sit, talk and hear.
- The employee is frequently required to use fingers and hands with the dexterity to grasp and feel.
- The employee is frequently required to stand, walk, run, climb and balance.
- The employee is regularly required to operate a motor vehicle.
- The employee is occasionally required to exhibit a high degree of hand and eye coordination.
- The employee is occasionally required to lift heavy weights in excess of one hundred pounds.
- The employee is occasionally required to exhibit a high degree of strength, agility and endurance.
- The employee must possess acuity of vision to include close vision, peripheral vision, color vision, depth perception and the ability to adjust and focus.