

Internal Use Only

Name: \_\_\_\_\_  
(Print or Type)

Date: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Time: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Application Information Summary  
**COMMUNICATIONS DEPARTMENT**  
City of Columbia City



**STATEMENT OF EQUAL EMPLOYMENT OPPORTUNITY**

The City of Columbia City is an Equal Opportunity Employer and will accept applications, hire qualified applicants, administer all terms and conditions of employment and make available all benefits and compensation of employment without regard to race, color, creed, religion, sex, national origin, disability, or age, except when such constitutes a bona fide occupational qualification necessary for proper and efficient administration of the agency.

### INSTRUCTIONS

1. **Read each item carefully.**
2. **This application must be typed or printed neatly in ink.**
3. ***All items must be completed and necessary documentation included.***
4. **If additional space is needed, attach a supplemental page at the end of the application.**
5. **The completed application must be returned to:**

Columbia City  
Communications Department  
112 S. Chauncey St.  
Columbia City, IN 46725

### POLICY REGARDING THE APPLICANT INFORMATION SUMMARY

1. The failure to comply with instruction and policy regarding this phase of the applicant selection process may result in the rejection of the application.
2. The failure to accurately and truthfully complete this application may result in the rejection of the application.
3. The failure to return this application by the specified date may result in the rejection of the application.
4. Applications will not be accepted without complete addresses, phone numbers, and zip codes.
5. It is the responsibility of the applicant to notify the City of changes relative to applicant's name, address and phone number.

If you are in need of assistance in completing the application form, feel free to contact the Columbia City Communications Department at 260-248-5121.



### III. RESIDENCES

A. Present Residence:

\_\_\_\_\_ (number) \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

Telephone number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

B. List in chronological order, with the most current first, all of your residences in the last five years.

<u>Dates</u>		<u>Number</u>	<u>Address</u>		
<u>From</u> ----	<u>To</u>		<u>Street</u>	<u>City</u>	<u>State</u> <u>Zip</u>
____-	____	_____	_____	_____	_____
____-	____	_____	_____	_____	_____
____-	____	_____	_____	_____	_____
____-	____	_____	_____	_____	_____
____-	____	_____	_____	_____	_____
____-	____	_____	_____	_____	_____

### IV. EDUCATION

List all schools attended at the high school level and above. **Include COPIES of all transcripts and diplomas & degrees.**

	<u>Years Attended</u>		<u>Address</u>	<u>Degree / Diploma</u>
	<u>From</u>	<u>To</u>		
High Schools				
_____	____	____	_____	_____
_____	____	____	_____	_____
Colleges / Universities				
_____	____	____	_____	_____
_____	____	____	_____	_____
_____	____	____	_____	_____
Other, Vocational, Technical, etc.				
_____	____	____	_____	_____
_____	____	____	_____	_____

**V. EMPLOYMENT RECORD**

List in chronological order, most recent first, all former and current employers. Include full-time, part-time, and temporary/seasonal work, and all periods of unemployment. Present employers may be contacted prior to any appointment. Make sure all telephone numbers are correct.

1. Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_
  
2. Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_
  
3. Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_
  
4. Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_

5. Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_

6. Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_

7. Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_

8. Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Address & ZIP code: \_\_\_\_\_  
Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
Position Held: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary \_\_\_\_\_

**VI. MILITARY SERVICE**

A. Have you ever served on active duty in the Armed Forces of the United States?

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

Branch of Service:

Air Force \_\_\_\_\_

Army \_\_\_\_\_

Coast Guard \_\_\_\_\_

Marine Corps \_\_\_\_\_

Navy \_\_\_\_\_

Dates of Active Duty: \_\_\_\_\_  
(Month, Day, Year)

Serial Number: \_\_\_\_\_ Last Rank Held: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

B. While in the Military Service, were you ever convicted of any offense (Civil or Military)?

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

When? \_\_\_\_\_

Explain: \_\_\_\_\_

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

C. **Include a COPY of your DD214 – (Armed Services Discharge)**

**VII. DRIVER RECORD**

- A. List all vehicle operator's licenses you currently hold or have held:  
**Include a COPY of your current operator's license**

License Type (Oper./Chauf/CDL)	Licensing State	License Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- B. List all vehicle accidents that you have been involved in over the last five years. Date

Location	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- C. List all traffic citations you have received in the past three years.

Date	Location	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- D. Has your driver's license ever been suspended or revoked?

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

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**VIII. ARREST / FELONY / MISDEMEANOR CONVICTION RECORD**

A. Have you ever been convicted or detained by a Law Enforcement Agency?

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

If yes, provide the following:

Date	Place	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Have you ever been convicted of a felony offense?

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

If yes, provide the following:

Date	Place	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

C. Have you ever been convicted of a misdemeanor offense?

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

If yes, provide the following:

Date	Place	Disposition
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. Use this area for further clarification regarding any of the above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## IX. REFERENCES

List three current references. (DO NOT use relatives, current or former employers):

1. Name: \_\_\_\_\_  
Address and Zip Code: \_\_\_\_\_  
Daytime Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Occupation: \_\_\_\_\_  
How long have you known this individual? \_\_\_\_\_
  
2. Name: \_\_\_\_\_  
Address and Zip Code: \_\_\_\_\_  
Daytime Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Occupation: \_\_\_\_\_  
How long have you known this individual? \_\_\_\_\_
  
3. Name: \_\_\_\_\_  
Address and Zip Code: \_\_\_\_\_  
Daytime Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Occupation: \_\_\_\_\_  
How long have you known this individual? \_\_\_\_\_

**NOTE: MUST BE FILED SEPARATE FROM EMPLOYMENT APPLICATION**

Regulations of the Equal Employment Opportunity Commission (EEOC) require employers to compile data regarding the nature and make-up of their work forces in order to further the goals of Title VII of the Civil Rights Act of 1964, as amended. Your responses to the following questions will help the employer comply with this requirement. Completion of this questionnaire is entirely voluntary on your part. Should you opt to complete the questionnaire, your response will be used by the employer solely for the purposes of preparing the reports required by the EEOC. Your response will be kept confidential and will play no part in the employer's evaluation of your employment performance or status, or your treatment as an employee. The completed questionnaire will be kept separate from your personnel file.

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

AGE: \_\_\_\_\_

SEX: \_\_\_\_\_

**RACIAL AND ETHNIC CATEGORIES:**

White (not of Hispanic origin):

\_\_\_\_\_

Black (not of Hispanic origin):

\_\_\_\_\_

Hispanic:

\_\_\_\_\_

Asian or Pacific Islander

\_\_\_\_\_

American Indian or Alaska Native

\_\_\_\_\_

DISABILITY: (Please Describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Applicant Checklist

Please use the following list as a guide in completing your application. Supply COPIES of all documents (not originals).

\_\_\_\_\_Records Check Authorization Release (MUST BE NOTARIZED)

\_\_\_\_\_Birth Certificate (copy upon offer of position)

\_\_\_\_\_DD214 (if applicable) \*Armed Services Discharge

\_\_\_\_\_Driver License (copy – picture side only)

\* If you are unable to provide some of this information or if you are waiting for information that you have requested, provide a written explanation on your application.



**RECORDS CHECK**

**GENERAL AUTHORIZATION FOR RELEASE**

I hereby authorize any and all schools, physicians, hospitals, Armed Services, employers, law enforcement agencies, credit information agencies, or any other person or organization or agency to furnish to the Columbia City Police Department, or its designated agent(s), any and all information, opinions, or documents which may be requested; to allow the visual inspection and copy of all reports, photographs, or other documents.

I hereby waive any objection to the release of said information and grant the Columbia City Police Department, or its designated agent(s), any right I may have to said information.

I also authorize investigation or all statements made in my application for employment.

\_\_\_\_\_  
Applicant's Signature (Full Legal Name)

**REFERENCE CHECK  
AUTHORIZATION AND WAIVER**

I hereby authorize all schools which I attended and my current and all previous employers to furnish the City of Columbia City my record, reason for leaving, and all information they may have concerning me, and I hereby release them and the City of Columbia City and its employees from liability for any damage whatsoever arising therefrom. I also authorize investigation of all statements made in the application. I understand that in the event of my employment with the City of Columbia City, I shall be subject to dismissal if any of the information I have given in this application is false or if I have failed to give any material information herein requested.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature (Full Legal Name)

S) State of Indiana

S) County of \_\_\_\_\_

Before me, the undersigned, a Notary Public, for \_\_\_\_\_ County.

State of Indiana, personally appeared the above subject, \_\_\_\_\_

And acknowledged the execution of the foregoing instrument this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public(\_\_\_\_\_)   
Print Name

Resident of \_\_\_\_\_ County

Commission Expires \_\_\_\_\_

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

1. *I understand and accept that if I am hired, I may be hired conditional upon passing any medical/or psychological examinations that the employer, the Pension Board or the Police Academy deems to be 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 \_\_\_\_\_

2. *I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that it will be necessary for the employer to investigate my background, including background checks for criminal or unlawful activity or credit checks.*

Initials \_\_\_\_\_

3. *I understand that it may be necessary for me to approve and sign any waivers necessary order for the employer to obtain information from your current and former employers and educational transcripts from schools, colleges, or universities I attended.*

Initials \_\_\_\_\_

4. *I understand that the employer provides a seven day per week and twenty four hour per day service, and therefore, if employed, I may be required to work evening shifts or night shifts, including weekends.*

Initials \_\_\_\_\_

5. *I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, 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 ANY MISREPRESENTATIONS OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I AUTHORIZE INVESTIGATION OF MY BACKGROUND, INCLUDING FOR ANY CRIMINAL OR UNLAWFUL ACTIVITY OR CREDIT CHECKS.

BY THE SUBMISSION OF THIS DOCUMENT, I HEREBY AGREE THAT I SHALL EXECUTE THE EMPLOYER'S CONDITIONAL AND POST-EMPLOYMENT MEDICAL EXAMINATION AND DRUG TESTING CONSENT FORMS. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE OR ALCOHOL ABUSE.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)

*This application will only be under active consideration for ninety (90) days.*