

EMPLOYMENT APPLICATION

TOWN OF ST. JOE
 102 THIRD STREET
 ST. JOE, IN 46785
 (260) 337-5449

[HTTPS://WWW.STJOEINDIANA.ORG/](https://www.stjoeindiana.org/)



APPLICANT INFORMATION

Last Name				First			M.I.	DOB	
Street Address							Apartment/Unit #		
City				State			ZIP		
Phone				E-mail Address					
Date Available				Social Security No.			Desired Salary		
Position Applied for									
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						

EDUCATION

High School				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES

Please list three professional references, people you are NOT related to and whom you have known at least one year.

Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									

PREVIOUS EMPLOYMENT (START WITH LAST ONE FIRST)

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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DO NOT WRITE BELOW THIS LINE

Position	Salary/Wages
Date Hired	Date Terminated