

# JOB APPLICATION

## The Town of New Harmony

520 Church St., PO Box 340, New Harmony, Indiana 47631

812-682-4846

The Town of New Harmony is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all the sections below:*

**Date of Application:** \_\_\_\_\_

### **Applicant Information**

Applicant Name: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

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

### **Employment Position**

Position(s) applying for: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

If needed, are you available to work overtime? \_\_\_\_\_

On what date can you start working if you are hired? \_\_\_\_\_

Do you have reliable transportation to and from work? \_\_\_\_\_

### **Personal Information**

Have you ever applied to or worked for The Town of New Harmony before?

Yes      No

If yes, when? \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for The Town of New Harmony

Yes      No

If yes, state name & relationship: \_\_\_\_\_

Are you 18 years of age or older?

Yes      No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?

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Will you consent to a mandatory controlled substance test? Yes No

Do you have any condition(s) which require job accommodation? Yes No

If yes, please describe accommodations required below.

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(Note: The Town of New Harmony complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

### **Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:


### **Education and Training**

#### **High School**

Name	Location (City, State)	Year Graduated	Degree Earned

#### **College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

#### **Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Military:**

Are you a member of the Armed Services? \_\_\_\_\_

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position? \_\_\_\_\_

**Previous Employment (most recent 1<sup>st</sup>)**

Employer Name	
Job Title	
Supervisor Name	
Employer Address	
Employer Phone	
Dates Employed	
Reason for Leaving	

Employer Name	
Job Title	
Supervisor Name	
Employer Address	
Employer Phone	
Dates Employed	
Reason for Leaving	

Employer Name	
Job Title	
Supervisor Name	
Employer Address	
Employer Phone	
Dates Employed	
Reason for Leaving	

**References**

Please provide three personal and professional reference(s) below:

Reference	Contact Information

**AT-WILL EMPLOYMENT**

The relationship between you and the Town of New Harmony is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or The Town of New Harmony. No representative of The Town of New Harmony has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Town Council President and/or Clerk-Treasurer.

Applicant  
Signature: \_\_\_\_\_

Dated: \_\_\_\_\_