

APPLICATION FOR EMPLOYMENT

RIISING SUN MUNICIPAL UTILITIES
200 N. Walnut Street
Rising Sun, IN 47040
(812) 438-3616

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Postion(s) Applied For	Date of Application
How Did You Learn About Us?	
☐ Advertisement	☐ Relative ☐ Inquiry
☐ Employment Agency	☐ Friend ☐ Other _____

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Email Address		

Best time to contact you at home is: _____	AM PM
If you are under 18 years of age, can you provide required proof of your eligibility to work?	☐ Yes ☐ No
Have you ever filed an application with us before?	☐ Yes ☐ No
If Yes, give date _____	
Have you ever been employed with us before?	☐ Yes ☐ No
If Yes, give date _____	
Do any of your friends or relatives, other than spouse, work here?	☐ Yes ☐ No
Are you currently employed?	☐ Yes ☐ No
May we contact your present employer?	☐ Yes ☐ No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	☐ Yes ☐ No
Proof of citizenship or immigration status will be required upon employment.	
Date available for work ____ / ____ / ____	What is your desired salary range: _____
Are you available to work:	☐ Full Time (Please indicate 1st 2nd 3rd shift)
	☐ Part Time (Please indicate Mornings Afternoons Evenings)
	☐ Temporary (Please indicate dates available ____ / ____ / ____ - ____ / ____ / ____)
Are you currently on "lay-off" status and subject to recall?	☐ Yes ☐ No
Can you travel if a job requires it?	☐ Yes ☐ No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME: _____ POSITION: _____ DATE: _____

EDUCATION

SCHOOL	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

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

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May We Contact? ☐ Yes ☐ No	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May We Contact? ☐ Yes ☐ No	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May We Contact? ☐ Yes ☐ No	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Starting/Present Job Title			
Supervisor			
Reason for Leaving		May We Contact? ☐ Yes ☐ No	

Comments: Include explanation of any gaps in employment.

NAME: _____ POSITION: _____ DATE: _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications	<i>Summarize special job-related skills and qualifications acquired from employment or other experience.</i>

Note to Applicants: 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, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ___ YES ___ NO

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I Certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with the organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ Signature of Applicant	_____ Date
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