

Employment Application

The Hammond Port Authority

Hammond Marina
Lost Marsh Golf Course
Wolf Lake Memorial Park
Forsythe Park
Lakefront

The Hammond Port Authority Office
701 Casino Center Drive Hammond, IN 46320
Telephone (219) 659-7678

“An Equal Opportunity Employer”

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

APPLICANT DATA

(All applications must be printed in ink.)

Any misrepresentation on this application may be sufficient cause to disqualify applicant from consideration for employment and termination if employed.

| | | |
|--|---|---|
| Name (Last, First, Middle) | | Date |
| Present Location (Street No., City, State, Zip Code) | | Home Phone |
| Business Address (Street No., City, State, Zip Code) | | Business Phone |
| Social Security No. (Voluntary) | Salary Expected \$ _____/week or \$ _____/year | Do you have valid Indiana driver's license? _____ Yes _____ No |

Have you ever filed an application with the Hammond P A _____ Yes _____ No If yes, give date _____

Have you ever been employed with the City of Hammond? _____ Yes _____ No If yes, give date _____

Do you have any relatives employed by the City of Hammond? _____ Yes _____ No If yes, please list:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Are you employed now? _____ Yes _____ No. May we contact your present employer? _____ Yes _____ No

On what date would you be available for work? _____

Are you available to work: _____ Full Time _____ Part Time _____ Temporary _____ Seasonal _____ Summer

Are you capable of performing the job duties of this position _____ Yes _____ No If no, please explain.

Are you on a lay-off and subject to recall? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No If yes, please explain.
(Conviction will not necessarily disqualify applicant from employment.)

If records are under another name, please indicate for reference purposes.
 Starting with Present or Last Employer, list all Employment, including Part-Time or Temporary Work.

| | | | | | |
|------------------------------------|--------------------------|---------------------|--------------------------------------|----------------------|--------------------|
| Place of Employment Name | Date Mo. & Yr From | Position Held | Salary Hourly Beginning \$ | Rate | Supervisor Name |
| Address | To | | Leaving \$ | | Position |
| Kind of Business | | Reasons for Leaving | | Department worked in | |
| Nature of work and duties at start | | | Nature of work and duties at leaving | | |
| Name | From | | Beginning \$ | | Name |
| Address | To | | Leaving \$ | | Position |
| Kind of Business | | Reasons for Leaving | | Department worked in | |
| Nature of work and duties at start | | | Nature of work and duties at leaving | | |
| Name | From | | Beginning \$ | | Name |
| Address | To | | Leaving \$ | | Position |
| Kind of Business | | Reasons for Leaving | | Department worked in | |
| Nature of work and duties at start | | | Nature of work and duties at leaving | | |

PLEASE INDICATE SPECIAL SKILLS TRAINING OR EXPERIENCE

| | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Typing Speed _____ w.p.m. | <input type="checkbox"/> Word Processing Equipment (type) _____ | <input type="checkbox"/> Calculator _____ | <input type="checkbox"/> Math Classes (list) _____ | <input type="checkbox"/> Other Equipment (Construction Vehicles, e _____ |
| <input type="checkbox"/> Shorthand _____ w.p.m. | <input type="checkbox"/> Computer (type) _____ | <input type="checkbox"/> Accounting/Bookkeeping _____ | <input type="checkbox"/> Business Machines (list) _____ | _____ |
| <input type="checkbox"/> Dictaphone _____ | <input type="checkbox"/> Computer Languages/Software (list) _____ | _____ | <input type="checkbox"/> Licenses _____ | <input type="checkbox"/> Trade/Professional Skills _____ |
| <input type="checkbox"/> Switchboard _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Sign Language _____ | <input type="checkbox"/> Foreign Languages you can speak and write _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Records & Filing _____ | _____ | <input type="checkbox"/> Printing Equipment _____ | _____ | _____ |

REFERENCES

| Names of References (Not Relatives) | Address | Telephone |
|-------------------------------------|---------|-----------|
| | | () |
| | | () |
| | | () |

EDUCATION

If records are under another name, please indicate for reference purposes.

| Type of School | Name and Location | | Major Field of Study | Degree or Letter Grade |
|------------------------------|-------------------|--|----------------------|------------------------|
| High School Last Attended | | | | |
| College | | | | |
| Graduate School | | | | |
| Other | | | | |

| | | | | | | | | | | | | | | | | | |
|--------------------------|------------------------------|---|---|---|---|----------------|----|----|----|---------------------------------|---|---|---|--------------------|---|---|---|
| | Elementary/ Middle School | | | | | High School | | | | College/Vocational Technical | | | | Graduate School | | | |
| YEARS COMPLETED (CIRCLE) | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |

The City of Hammond is an equal opportunity employer. The HPA does not discriminate in employment and questions on this application are not used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application will be kept on file for one (1) year. At the conclusion of this time, if you have not heard from the HPA and still wish to be considered for employment, it will be necessary for you to fill out a new application.

CERTIFICATION: I hereby certify that all information on this application is true and understand that any misrepresentation or concealment of such information may be grounds for dismissal.

CONSENT FOR RELEASE OF INFORMATION: Pursuant to 20 CFR (1977) Ch. 5 Sec. 604.16; IC 22-4-19-6, IC 4-1-16, I agree to the release of pertinent information on this application to the degree necessary for me to obtain gainful employment. I understand that such information will be released only to prospective employers and/or agencies for employment or supportive services.

CONSENT FOR RELEASE: If hired, Pursuant to the Immigration Reform Control Act of 1986, I agree to complete and sign the verification form designation by INS certifying by documentation that I am eligible for employment.

| | | |
|-----------|--|------|
| SIGNATURE | | DATE |
|-----------|--|------|

FOR PERSONNEL DEPARTMENT USE ONLY

| Date | Department | Contact Person | Position Applied For |
|------|------------|----------------|----------------------|
| | | | |
| | | | |
| | | | |

| Interviewed by: | Position Interviewed for: | Date |
|-----------------|---------------------------|------|
| 1. | | |
| 2. | | |
| 3. | | |

REFERENCES CHECKED

| Name | Address | Date Sent | Date Received |
|------|---------|-----------|---------------|
| | | | |
| | | | |
| | | | |