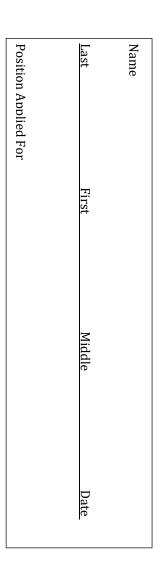
The Hammond Port Authority

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, disability, the presence of a non-job-related medical condition or any other legally protected status. It is our intention that all qualified applicants be given equal opportunity and that the selection decisions are based on job-related factors.

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

(Last, First, Middle)			Date			
Address (Street No., City, State, Zip Code			Telephone			
Social Security No. (Voluntary) Salary Expected /week or \$		Do you l		valid Indiana driver's license? YesNo		
Are you legally authorized to work in the United States?	?	□ Yes	□ No			
Have you ever filed an application with the City of Ham		□ Yes	□ No	If yes, give date		
Have you ever been employed with the City of Hammor	nd?	■ Yes	□ No	If yes, give date		
Do you have any relatives employed by the City of Ham	mond?	□ Yes	□ No			
Name:		Relationship				
Name:		Relations	hip			
Name:	Relationship					
re you employed now?	□ Yes	_	No			
Nay we contact your employer?	☐ Yes		No			
What date would you be able to work?						
re you available to work 📮 Full Time 🗖 Part Time	☐ Shif	t Work	□ Temp	porary		
re you capable of performing the job duties of the osition?	□ Yes	s 	No	If no, please explain		
re you on a lay-off and subject to recall?	□ Yes		No			
ave you ever been convicted of a felony?	■ Yes	Yes No		If yes, please explain		
Conviction will not necessarily disqualify applicant from er	mployment	:.)				

EMPLOYMENT RECORD

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. For additional work experience, attach resume

Place of Employment		Date and Year		Position Held		Salary		Supervisor		
				Hourly Rate		Name				
Name From					Beginning					
					\$					
Address To					Leaving		Position			
Kind of Duning				D f 1		_	\$		Danastona	
Kind of Business				Reason for Leaving					Department	
Nature of Work and Duties	at St	art		Nature of W	ork an	ıd Duties a	t Leaving			
				Nature of Work and Duties at Leaving						
Name From						Beginning		Name		
Address		То					\$ Leaving		Position	
Address			.			\$		1 Osition		
Kind of Business				Reason for Leaving			•		Department	
N				f)4/						
Nature of Work and Duties at Start Nature of Work and Duties at Leaving										
PLEAS	SE IN	DICATE SPECIAL S	KILLS, TR	RAINING AND	EXPER	IENCE				
■ Typing Speed	□W	ord Processing Ed	quip.	☐Accounting/Bookkeeping			□Licenses	□Othe	er Equip.	
W.P.M.	1.									
☐ Sign Language	□ Cc	omputer terminal	☐Printing Equipment							
-				- . /o .						
■ Records/Filing	□ Cc	omputer Languag	es (list)	☐Trade/Professional Skills						
		, p. 10	(,	Skins						
☐ Foreign Languages you	u can	speak or write					•			
		MILITARY HI	STORY	AND STATI	ıç					
HAVE YOU EVER SERVED IN	J THE		JIONI		Yes		No			
If you answered "NO" skip	_	163	_	NO						
in you answered two skip to next section			Type of			Type of				
Branch of Service From				To Discharge						
Citations, Awards Received										
REFERENCES										
Name of References (No Relatives)			Address				Гегерпопе			
								†		
			-							

Education

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

-		i records are under a	nomer name, p	ilease illuicate for re	ierence purpo	יאכא		
Type of	Type of School Name and Location			Major Field	of Study	Degree or	Letter Grade	
High Sch	ool							
Last Atte	ended							
College								
Graduate	e School							
Other								
		Elementary/Middle	High Sch	iool	College	College Graduate		
Years Co	Years Completed					Vocational/	Tech	
Circle On	ne	4 5 6 7	8	9 10 13	L 12	1 2 3 4		
of limiting or	r excluding any applic	opportunity employer. The ant's consideration for emp e for 3 years per IC4-15-2-1	loyment on a basis	prohibited by local, state	or federal law.			ese
considered for	or employment, it will	be necessary for you to fill	out a new application	on.				
CERTIFICA be grounds for		that all information on this	application is true	and understand that any r	nisrepresentation of	or concealment of	such information may	y
information	on this application to	NFORMATION: Pursuant to the degree necessary for me sloyment or supportive servi	to obtain gainful er					
		red, Pursuant to the Immigra am eligible for employment		ol Act of 1986, I agree to	complete and sign	the verification fo	orm designation by IN	S
	CICNIA THINE			DATE				
•	SIGNATURE	FOR PERS	ONNEL DE	DATE CPARTMENT U	SE ONLY			
		TORTER	OT (TILL DE	ZI ZIKITIVILIVI O	SE ONE!			
Date Department			Contact Pers	on	Position	Applied For		
			T					
Interviewed by		Position Interviewed for:		Date	Date			
			References (`hecked				
			MCTCTETICES (STECKEG			Date Sent	Da
Name			Address		Received	1	_ 3.0 30	24