

The Hammond Port Authority

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

**The Hammond
Port Authority**



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

“An Equal Opportunity Employer”

Name	_____
Last	_____
First	_____
Middle	_____
Date	_____
Position Applied For	_____

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 \$_____/year Do you have a valid Indiana driver's license? _____ Yes _____ No

Are you legally authorized to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever filed an application with the City of Hammond?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date
Have you ever been employed with the City of Hammond?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give date
Do you have any relatives employed by the City of Hammond?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please list
Name:	Relationship		
Name:	Relationship		
Name:	Relationship		

Are you employed now? Yes No
 May we contact your employer? Yes No
 What date would you be able to work? _____
 Are you available to work Full Time Part Time Shift Work Temporary Seasonal Summer
 Are you capable of performing the job duties of the 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.)

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 Hourly Rate	Supervisor Name
Name	From		Beginning \$	
Address	To		Leaving \$	Position
Kind of Business		Reason for Leaving		Department
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	Reason for Leaving			Department
Nature of Work and Duties at Start		Nature of Work and Duties at Leaving		

PLEASE INDICATE SPECIAL SKILLS, TRAINING AND EXPERIENCE

<input type="checkbox"/> Typing Speed ___ W.P.M.	<input type="checkbox"/> Word Processing Equip.	<input type="checkbox"/> Accounting/Bookkeeping	<input type="checkbox"/> Licenses	<input type="checkbox"/> Other Equip.
<input type="checkbox"/> Sign Language	<input type="checkbox"/> Computer terminal(type)	<input type="checkbox"/> Printing Equipment	_____	_____
<input type="checkbox"/> Records/Filing	<input type="checkbox"/> Computer Languages (list)	<input type="checkbox"/> Trade/Professional Skills	_____	_____
<input type="checkbox"/> Foreign Languages you can speak or write				

MILITARY HISTORY AND STATUS

HAVE YOU EVER SERVED IN THE MILITARY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered "NO" skip to next section			
Branch of Service	From	To	Type of Discharge
Citations, Awards Received			

REFERENCES

Name of References (No 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 Graduate
Years Completed			Vocational/Tech
Circle One	4 5 6 7 8	9 10 11 12	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 3 years per IC4-15-2-15(6)(4). 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

References Checked

Name	Address	Received	Date Sent	Date