



# APPLICATION FOR EMPLOYMENT

**Thomas M. McDermott Sr. Hammond Marina  
Lost Marsh Golf Course  
Wolf Lake Memorial Park  
Forsythe Park  
Lakefront**

Residency requirements for employment with the City of Hammond and Hammond Port Authority are in accordance with ordinance #8620.  
*Note: Applications for employment will be kept on file for three-years from the date of completion.*

## PERSONAL INFORMATION

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
 \_\_\_\_\_  
City State ZIP Code

\*Are you 18 years of age or older?  **Yes**  **No**

Are you legally eligible to work in the United States?  **Yes**  **No**

Have you ever previously been employed by this organization?  **Yes**  **No** If yes, when? \_\_\_\_\_

Do you now or have you ever had a relative employed by this organization?  **Yes**  **No**

• If yes, who? \_\_\_\_\_

Have you ever been arrested or convicted of a crime that has not been expunged by a court of law?  **Yes**  **No**

• If yes, explain: \_\_\_\_\_

*\* Candidates selected for probable employment who are age 18 or older may be required to consent to a background check as a condition of employment.*

## EMPLOYMENT DESIRED

Position desired: \_\_\_\_\_  
(Please list the title of the position as posted and do not leave blank or list "any")

Desired hourly rate/base salary: \$ \_\_\_\_\_

Date available to work: \_\_\_\_\_ Status desired:  **Full-time**  **Part-time**  **Temporary**  **Seasonal**

Are you available to work:

	<b>Yes</b> <b>No</b> <b>Sometimes</b>		<b>Yes</b> <b>No</b> <b>Sometimes</b>
Weekday daytime hours?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Saturday?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Weekday evening hours?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sunday?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Are you capable of performing the essential duties and responsibilities of this job with or without a reasonable accommodation?  **Yes**  **No**

## EDUCATIONAL INFORMATION

High School: \_\_\_\_\_ Years attended: \_\_\_\_\_

- Diploma/G.E.D. received:  **Yes**  **No** Location: \_\_\_\_\_  
(City) (State)

College: \_\_\_\_\_ Years attended: \_\_\_\_\_

- Degree received:  **Yes**  **No** Degree/Subjects studied: \_\_\_\_\_
- Location: \_\_\_\_\_  
(City) (State)

Other: \_\_\_\_\_ Years attended: \_\_\_\_\_  
(Second College, Technical/Trade School, Business School, etc.)

- Degree received:  **Yes**  **No** Degree/Subjects studied: \_\_\_\_\_
- Location: \_\_\_\_\_  
(City) (State)

## EMPLOYMENT HISTORY

*Include your last three positions of employment, including periods of unemployment, starting with the most recent and working backwards in time. Attach additional sheets of paper if needed. Incomplete information may disqualify you from further consideration.*

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

- Are you currently employed by this organization?  **Yes**  **No** May we contact this employer?  **Yes**  **No**
- Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
- Status:  **Full-time**  **Part-time** Supervisor/Title: \_\_\_\_\_
- Briefly describe duties: \_\_\_\_\_
- Reason for leaving: \_\_\_\_\_
- Address: \_\_\_\_\_  
(City) (State)

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

- Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
- Status:  **Full-time**  **Part-time** Supervisor/Title: \_\_\_\_\_
- Briefly describe duties: \_\_\_\_\_
- Reason for leaving: \_\_\_\_\_
- Address: \_\_\_\_\_ May we contact this employer?  **Yes**  **No**  
(City) (State)

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

- Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
- Status:  **Full-time**  **Part-time** Supervisor/Title: \_\_\_\_\_
- Briefly describe duties: \_\_\_\_\_
- Reason for leaving: \_\_\_\_\_
- Address: \_\_\_\_\_ May we contact this employer?  **Yes**  **No**  
(City) (State)

## OTHER QUALIFICATIONS

Do you have any special skills, volunteer experience and/or training that would enhance your ability to perform this position? **Yes No**

• If yes, please explain: \_\_\_\_\_

Do you hold a license or professional certification? **Yes No**

• If yes, please specify: \_\_\_\_\_

Do you participate in professional associations that would enhance your ability to perform this position? **Yes No**

• If yes, please explain: \_\_\_\_\_

## REFERENCES

Please give the names of three persons not related to you, and preferably who you have worked with/for.

Full Name: \_\_\_\_\_ Organization: \_\_\_\_\_

• Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

• Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

Full Name: \_\_\_\_\_ Organization: \_\_\_\_\_

• Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

• Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

Full Name: \_\_\_\_\_ Organization: \_\_\_\_\_

• Relationship: \_\_\_\_\_ Email: \_\_\_\_\_

• Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street) (City) (State) (ZIP)

## PLEASE READ CAREFULLY BEFORE SIGNING

The Hammond Port Authority is an equal opportunity employer. The Hammond Port Authority does not discriminate in employment on account of race, color, religion, sex (pregnancy, gender identity, and sexual orientation), national origin, age (40 and over), disability, genetic information as referenced in the Genetic Information Nondiscrimination Act (GINA), military service, veteran status, or any other protected class as defined by federal, state, and local laws. The Hammond Port Authority will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes an obligation for The Hammond Port Authority to hire me. If I am hired, I understand that either the Hammond Port Authority or I may terminate employment at any time for any reason, with or without cause, and without prior notice. I understand that no representative of the Hammond Port Authority has the authority to make any assurance to the contrary. In addition, I understand that the Hammond Port Authority complies with all federal requirements to confirm my employment eligibility.

I attest with my signature below that I have given to the Hammond Port Authority true and complete information on this application. No requested information has been concealed. I authorize the Hammond Port Authority to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for denial of employment or immediate termination of employment.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

