

## TOWN OF LOWELL, INDIANA

### RETURN APPLICATION TO:

#### TOWN OF LOWELL

501 E. Main St.

P.O. Box 157

Lowell, IN 46356

Phone: (219) 696-7794

Fax: (219) 696-7796



Fill out this application **completely** and **accurately**. All applications will be kept on file for a period of twelve (12) months. Any false, misleading or incomplete information will be grounds for immediate disqualification from the employment selection process.

- Type or use ink, print in your own hand, neatly and legibly
- Read each item carefully before completing your response.
- If additional space is required, use an additional sheet of paper and attach it to this application.
- Do not leave responses blank. If requested information does not apply, write N/A in the space.

### NOTICE

If any of the following apply, you may not be considered for employment with the Town of Lowell:

1. Any previous Driver's License suspension or revocation.
2. More than three moving traffic violations in any three year period within the past five years.
3. Conviction\* or arrest for any alcohol related traffic offense.
4. Conviction\* or arrest for any felony, serious misdemeanor or narcotics offense.

\* The term "conviction" includes any plea of guilty or finding of guilty, regardless of whether sentence is imposed or executed.

Many positions require a CDL or other special licenses or qualifications.

## MINIMUM QUALIFICATIONS FOR EMPLOYMENT

### Town of Lowell, Indiana

1. At time of appointment you **MUST** have a valid and current Indiana Driver's License.
2. You **MUST** have a safe driving record which is defined as no more than three moving traffic violations in any two year period for the past six years with no current or threatened license suspension/revocation and no record of drug or alcohol abuse.
3. You **MUST** complete and file an accurate, legible and complete written application that does **NOT** contain any false or misleading information or statement or any attempted deception or fraud in this job application and/or test registration, examination, or appointment.
4. You **MUST** be of good character as may be determined by investigation of your criminal history, driving records, past employment, military history and/or general background references verifying applicant conduct consistent with requirements.
5. You **MUST** appear for any required examinations and interviews at the appointed time. Any Applicant who fails to appear for any appointment without just cause will be disqualified.
6. You should **NOT** be currently addicted to, or use narcotics or drugs or excessively use alcoholic beverages/liquors.
7. You **MUST** be able to safely perform your essential job duties.
8. If hired, you **MUST** reside within Lake County, Indiana or an adjoining county less than one hour driving distance of Town and must maintain such primary residency as a condition of continued employment.
9. If a conditional offer of employment is made, you may be required to file a copy of your birth certificate, high school diploma or GED, copy of your college degree (if a college graduate), if a veteran, the official military discharge form DD214.
10. You **MUST** be a U.S. Citizen and resident of the State of Indiana.

**Town of Lowell, Indiana**  
**APPLICATION - CIVILIAN**

1. Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Number of years at this address: \_\_\_\_\_

Daytime Phone # (\_\_\_\_) \_\_\_\_\_ Evening Phone # (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT: Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

List ALL previous addresses you resided at in the past 10 years. Starting with current and going back.

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date from Date to Street Address City Country State

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date from Date to Street Address City Country State

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date from Date to Street Address City Country State

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date from Date to Street Address City Country State

\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date from Date to Street Address City Country State

2. Driver's License # \_\_\_\_\_

3. **Have you ever used another name:** Yes \_\_\_\_ No \_\_\_\_

If yes, give full name(s): \_\_\_\_\_

\_\_\_\_\_

4. **List all Traffic Tickets or Summons that you have received, start with most recent:**

Month/Year	Charge	Jurisdiction	Disposition/Fine Amt.
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_____	_____	_____	_____
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_____	_____	_____	_____
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5. **List all states in which you have ever held a driver's license: Start with current license:**

State	License Type	Expiration Date
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Has your license ever been suspended or revoked? Yes \_\_\_\_ No \_\_\_\_

If yes, when and why: \_\_\_\_\_

\_\_\_\_\_

When was it reinstated \_\_\_\_\_

6. **Have you ever been convicted of a felony?**

Yes \_\_\_\_ No \_\_\_\_ If yes, describe below:

Date	Charge	Law Enforcement Agency	Disposition/Fine
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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7. List all other employers where you filed applications within the past 12 months:

Firm Name

City/State

Position

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8. List the names of current Town Employees you are acquainted with:

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9. Type of employment desired:  Full Time  Part Time

Days of week you are available to work:

Monday  Tuesday  Wednesday  Thursday  
 Friday  Saturday  Sunday  Any Day

Hours of day available: \_\_\_\_\_ Available for overtime  Yes  No

Are you:

A previous applicant?  Yes  No

A previous employee?  Yes  No

Legally able to work in the United States?  Yes  No

Do you have relatives who work for the Town?  Yes  No

If yes, please list their names: \_\_\_\_\_

\_\_\_\_\_

How did you learn about this job?

Advertisement in: \_\_\_\_\_ (Publication)

From Employee: \_\_\_\_\_ (Name)

Employment Agency: \_\_\_\_\_ (Name)

Other: \_\_\_\_\_

*Note: A detailed resume may be attached and substituted for the Employment History and Education sections of this application form, if it contains ALL requested information. Are you submitting a resume with this application?*

Yes                       No

**10. EMPLOYMENT HISTORY**                      (Most recent first)

Current / Last Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe your Duties: \_\_\_\_\_

I authorize the Town of Lowell to contact my current employer as a reference:  Yes     No

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**11. EDUCATION and TRAINING**

**Check highest level of education you obtained:**

- \_\_\_\_\_ Less than high school diploma or equivalent. Last Grade completed: \_\_\_\_\_
- \_\_\_\_\_ High School
- \_\_\_\_\_ GED
- \_\_\_\_\_ Undergraduate Degree
- \_\_\_\_\_ Graduate Degree
- \_\_\_\_\_ Technical Degree or Certification
- \_\_\_\_\_ Other (Specify): \_\_\_\_\_

**A)** High School - attach a copy of High School Diploma or GED to this application

**B)** College / University  
Degree Obtained: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**C)** Graduate / Professional School  
Degree Obtained: \_\_\_\_\_

Field(s) of Study: \_\_\_\_\_

**D)** Technical / Business School  
Degree / Certificate Obtained: \_\_\_\_\_

**E)** Police Academy Attended: \_\_\_\_\_

Number of Hours in Academy: \_\_\_\_\_

**12. MILITARY SERVICE:**

Have you served in the armed services of the United States or its allies:  Yes  No

If yes: Branch of Service: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

If 'YES' please **attach a copy of your DD214 form** to this application.

**13. OTHER TRAINING / EXPERIENCE**

**A. Computer / Technology:** (Note: most positions require knowledge and skill in the use of computers, email, word-processing programs and internet usage) **Check the box next to the item that best describes your current skill level and experience with each item:**

- 1. Microsoft WORD:       none     some     average     good     proficient
- 2. Excel                     none     some     average     good     proficient
- 3. Word Perfect             none     some     average     good     proficient
- 4. Email                     none     some     average     good     proficient
- 5. Internet Use              none     some     average     good     proficient
- 6. I use a computer at home:  never     once/month     once/week     almost every day
- 7. I am most familiar with:  Windows     Mac     Other
- 8. Typing Speed (words per minute without error)    \_\_\_\_\_ words per minute

**B.** Please describe any training/experience/skills you possess which would be an asset in performing the duties of this position:

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C. Other Licenses/Certifications you have acquired: (Attach copy of licenses and certificates)

License/Certificate: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_ License #: \_\_\_\_\_

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License/Certificate: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_ License #: \_\_\_\_\_

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License/Certificate: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Licensing Authority: \_\_\_\_\_ License #: \_\_\_\_\_

14. REFERENCES:

**Must have known you for at least 3 years**  
Not related by blood or marriage

\_\_\_\_\_  
Name Address Telephone #

\_\_\_\_\_  
Name Address Telephone #

\_\_\_\_\_  
Name Address Telephone #

**Do you** have any knowledge or information, in addition to that specifically called for in the preceding questions, which is or may be relevant directly or indirectly, in connection with an investigation of your eligibility or fitness for appointment to the Town of Lowell, including, but not limited to, information concerning your character, physical or mental condition, habits, employment, education, subversive activities, associations, criminal record, traffic violations, residence or otherwise?

\_\_\_ Yes                      \_\_\_ No                      If yes, give details on the back of this page.

**APPLICANT VERIFICATION**

1. I hereby certify that the information given in this application, and any accompanying documentation, is true, accurate and complete to the best of my knowledge and ability. I realize any false or misleading information given in this application and accompanying documentation may be grounds for dismissal from the selection process and/or from any employment;
2. I hereby **authorize** the Town of Lowell, to conduct inquiries into my character, reputation, and ability and release those supplying such information from all liability if I am offered employment.
3. I agree that I have truly represented the skills and knowledge I possess to perform all duties of the described job; and
4. I further agree, as a condition of an inducement for my employment in said position, that I acknowledge my employment with the Town of Lowell shall be as an "employee at will" (not applicable to merit positions provided by statute) and that I may be terminated from said position for any reason, with or without cause, as I serve in said position solely at the pleasure of the hiring authority.
5. I consent to drug and alcohol testing as a condition of my initial and continued employment.

**I, the undersigned, do hereby swear and affirm that the information and representations contained in the above and foregoing application are true in fact, that I have read and fully understand all the above terms and conditions contained in this application and in the "applicant verification" above and that I voluntarily agree to all the above terms and conditions contained herein as an inducement for and as a continuing condition of my employment with the Town of Lowell, Indiana.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Date Received by Town: \_\_\_\_\_

Received By: \_\_\_\_\_