



CITY OF RICHMOND
50 North 5th Street
Richmond, Indiana 47374

**EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT**

Applications are considered for all positions without regard to sex, race, color, creed, age, disability, national origin, or ancestry.

Please print clearly – Applicant must complete the application

POSITION APPLYING FOR _____ **DATE** _____

Personal Information

Name: _____ SSN# _____
Last First Middle

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

In an emergency contact _____ Phone: () _____

Address: _____ City: _____ State/Zip: _____

If you are under 18 years of age, can you furnish a work permit? Yes ___ No ___

Are you presently employed? Yes ___ No ___

May we contact your present employer? Yes ___ No ___

When would you be available for work? _____ PartTime ___ FullTime ___

Are you available for any work shift or weekends? Yes ___ No ___

Have you applied for a position with the City previously? Yes ___ No ___

Do you have a valid driver's license? Yes ___ No ___

Do you have a CDL? Yes ___ No ___

If you have a CDL, please list what class and any endorsements: Class: _____

Endorsements: _____

Employment History

Start with your present employer and work down. All work experience should be listed. Attach an additional sheet if necessary.

Name of Employer: _____ **Address:** _____

Phone: () _____ **Position:** _____ **Supervisor:** _____

Date employed **Date of Separation** **Reason For Leaving**

Month Day Year Month Day Year _____

Describe your duties and responsibilities: _____

Name of Employer: _____ **Address:** _____

Phone: () _____ **Position:** _____ **Supervisor:** _____

Date employed **Date of Separation** **Reason For Leaving**

Month Day Year Month Day Year _____

Describe your duties and responsibilities: _____

Name of Employer: _____ **Address:** _____

Phone: () _____ **Position:** _____ **Supervisor:** _____

Date employed **Date of Separation** **Reason For Leaving**

Month Day Year Month Day Year _____

Describe your duties and responsibilities: _____

Education

School	Name and Location	Graduate	Degree or Certificate
High School	_____	Yes ___ No ___	_____
College/University	_____	Yes ___ No ___	_____
Apprenticeship or On the job training	_____	Yes ___ No ___	_____
Other	_____	Yes ___ No ___	_____

List any honors or awards received: _____

List any boards or organizations served: _____

Special Skills and Qualifications that may be beneficial to the position applying for:

References

Please do not list relatives or former employers.

Name: _____ Address: _____ Phone: () _____

Name: _____ Address: _____ Phone: () _____

Name: _____ Address: _____ Phone: () _____

I certify the answers given above are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that false or misleading information given in this application or interview may result in discharge. I understand that I am required to abide by all Rules and Regulations of the City of Richmond.

I further authorize the Richmond Police Department to provide any information concerning my record and/or any arrests, or pending warrants that I may have.

Signature Date _____

RICHMOND POLICE DEPARTMENT
CITY OF RICHMOND
RECORDS DIVISION

APPLICANT NAME: _____

PRESENT ADDRESS: _____

ALIAS AND/OR OTHER NAMES (MAIDEN, ECT.) _____

DATE OF BIRTH: _____ SOCIAL SECURITY# _____



TODAY'S DATE: _____

I, _____, HEREBY GIVE AUTHORIZATION TO THE RICHMOND, INDIANA POLICE DEPARTMENT TO PROVIDE ANY INFORMATION CONCERNING MY RECORD AND/OR ARRESTS; OR PENDING WARRANT THAT I MAY HAVE TO **CITY OF RICHMOND.**

_____/_____
(IF APPLICANT IS UNDER 18 PARENTAL CONSENT REQUIRED) **APPLICANTS SIGNATURE**

PLEASE DO NOT WRITE BELOW THIS LINE
.....

DOES APPLICANT HAVE A RECORD? _____ YES _____ NO

RPD RECORD NUMBER _____

SEE ADDITIONAL _____ PAGES OF RECORD

COMMENTS: _____

RECORD'S CLERK SIGNATURE

INFORMATION CONCERNING THIS APPLICANT'S RECORD WAS DISTRIBUTED TO:

NAME: _____ DATE: _____

Please be advised, this is a local check only.

MVR WORKSHEET:

- 1.) In connection with my application for employment, I understand that as directed by company policy, and consistent with the job described, you may be requesting information from public and private sources about my driving record.
- 2.) I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as original.
- 3.) I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau or insurance company, and/or R & R Benefits/Risk Management and/or Gregory Appel Insurance or its agent, to furnish the information described in Section 1.

Law Enforcement agencies and other entities for positive identification purposes when checking public records require the following information. It is confidential and will not be used for any other purposes.

*Please print your full name: Last, First, MI

*Please print other named you have used:

*Home Address:

*City:

*State:

*Zip:

*DOB:

*SSN#

*Drivers License #:

*License State

*If applicant is under 18 Parental Consent Required

*Signature