



**City of Bloomington  
Employment Application**

**City of Bloomington Human Resources Department**  
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We consider applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, disability, sexual orientation, gender identity, number of dependents, housing status, or any other legally protected status. **Reasonable accommodations for people with disabilities are available upon request from Human Resources.**

**(PLEASE PRINT)**

POSITIONS THAT YOU ARE APPLYING (BE SPECIFIC):

Today's Date: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**CONTACT INFORMATION:**

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

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

City: \_\_\_\_\_ State: Indiana  Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address (Optional): \_\_\_\_\_

**EMPLOYMENT QUESTIONS:**

Have you ever been employed by the City of Bloomington?  Yes  No

*If "Yes" please provide the following information*

Dates of Employment: \_\_\_\_\_ Department(s): \_\_\_\_\_

On what date would you be available to work? \_\_\_\_\_

Are you a U.S. citizen or otherwise legally authorized to work in the United States?  Yes  No

**Proof of eligibility to work in the U.S. will be required upon employment.**

Are you related to a current City employee?  Yes  No

*Indiana law and City policy disallow family members (mother, father, child, sister, brother, stepbrother, stepsister, half-brother, half sister, brother-in-law, sister-in-law, stepparents, stepchild, spouse, registered domestic partners, mate, niece, nephew, aunt, uncle, daughter-in-law, son-in-law, or grandparent) from working together in some circumstances.*

If Yes, please provide the following information regarding current employee:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Department: \_\_\_\_\_

Have you been convicted of, or are you currently charged with any crime or has your driver's license been suspended?  Yes  No

**A current charge or conviction will not necessarily disqualify an applicant from employment.**

If Yes, please explain:

**EDUCATION:**

	Name:	City	Degree/Major
High School/GED			
Business/Trade School			
College			
Graduate/Professional			

**SPECIAL SKILLS:**

List your special qualifications, skills or accomplishments. Some examples are skills with machines or equipment, construction trade skills, typing w.p.m., computer experience, knowledge of Microsoft Word and Excel programs or other computer applications, public speaking or writing experience, etc. (Inclusion of a resume is desirable if applying for professional positions.)

**Do you have a valid:**

Driver's License?

 Yes  No

Commercial Driver's License (CDL)? Type: \_\_\_\_\_

 Yes  No

*Some positions do not require a driver's license. If you do not have a valid driver's license that will not necessarily disqualify an applicant from employment.*

**List professional, trade, business or civic activities and offices held.****Have you ever had any job-related training in the United States Military?** Yes  No

If Yes, Please describe:

## Employment History:

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Employed - (State month and Year): From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Weekly Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_

List Job Title & Duties:

1

Reason for Leaving:

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Employed - (State month and Year): From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Weekly Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_

List Job Title & Duties:

2

Reason for Leaving:

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Employed - (State month and Year): From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Weekly Pay: Start: \_\_\_\_\_ Last: \_\_\_\_\_

List Job Title & Duties:

3

Reason for Leaving:

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do Not Contact Employer Number(s): \_\_\_\_\_

Reason: \_\_\_\_\_

## References:

Give name, address and telephone number of three references who are not related to you and are not previous supervisors.

1 Name & Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

2 Name & Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

3 Name & Occupation: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

Applications will be screened after the closing date of the job posting. Applicants will be notified whether or not they will receive an interview. Applications are kept on file for six months. If you wish to apply for any future job openings, you may contact Human Resources to have your application pulled and submitted. All available external job vacancies are posted on the bulletin board in the Human Resources Department and on the City of Bloomington website at [www.bloomington.in.gov/jobs](http://www.bloomington.in.gov/jobs) and may be advertised in the Herald Times.

### PLEASE READ AND SIGN THE FOLLOWING STATEMENT

I certify that all information provided in this Application for Employment is true, accurate and complete. I understand that any misrepresentation or omission of facts is sufficient reason for rejection of this application or termination of subsequent employment regardless of the timing or circumstances of discovery. Except as indicated on page three of this application, I authorize the City of Bloomington to investigate all statements made on my application and release from liability former employers, institutions or persons providing such information to the City.

I hereby authorize the City of Bloomington to conduct work history, personal references or criminal history inquiries to determine my acceptability for employment.

I understand that, in connection with the routine processing of the employment application or when hiring for certain positions, the City of Bloomington will request and conduct a criminal background check.

I understand that acceptance of this application or an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

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



# CITY OF BLOOMINGTON BACKGROUND CHECK AUTHORIZATION

I hereby authorize the City of Bloomington to conduct criminal background checks to determine my eligibility for employment or continued employment.

I understand that the City is asking for my date of birth, previous names and previous addresses only in order to conduct background checks and for no other reason.

By signing below, I hereby authorize the City of Bloomington to conduct background checks on me. I hereby release the City of Bloomington from any liability related to the procurement and/or disclosure of any information provided by me or obtained about me in connection with my application for employment with the City of Bloomington. I understand that any information gathered as a result of background checks will be kept confidential. I make this waiver knowingly and voluntarily.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Other Names Used (If applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

*(include city, state and zip code)*

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

*(include city, state and zip code)*



# Voluntary Affirmative Action Information Survey

## City of Bloomington

We are an Equal Opportunity Employer. Answering the following questions will help us meet our recording requirements for the Equal Employment Opportunity Commission and our Affirmative Action Program. This information is used for statistical purposes only, and is kept confidential. Voluntary Affirmative Action Surveys are separated from the application before being reviewed by the Department that is hiring. The managers making the hiring decisions do not have access to this information.

It is the City of Bloomington's policy to encourage and support equal employment opportunities for all applicants and employees without regard to race, color, ancestry, sex, religious creed, national origin, physical disability, mental disability, medical condition, age, marital status, political affiliation, sexual orientation, housing status, or disabled veteran or Vietnam era veteran status. Employment decisions will be evaluated on the basis of an individual's skills, knowledge, abilities, job performance and other legitimate qualifications. Thank you for helping us maintain accurate records for the Affirmative Action Program.

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Zip Code (Home): \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  MALE  FEMALE

**Where did you learn of the Job Vacancy? (select all that apply):**

- Unemployment Office:  Word of Mouth:  Internet/Web Page:
- City Job Posting Bulletin Board:  Newspaper: \_\_\_\_\_  Other: \_\_\_\_\_

**Ethnicity (please select all that apply):**

- Black/African-American  American Indian/Alaska Native  Asian
- Hispanic/Latino  White (Non-Hispanic)  Native Hawaiian/Other Pacific Islander
- Other: \_\_\_\_\_

Are you disabled?\*  Yes  No Are you a disabled Veteran?\*\*\*  Yes  No

Are you a Vietnam-era Veteran?\*\*  Yes  No Are you an "other Veteran?"\*\*\*\*  Yes  No

\*Under the American with Disabilities Act (ADA), "an individual with a disability is a person who: 1) physical or mental impairment that substantially limits one or more major life activities, 2) has a record of such impairment or 3) is regarded as having such as an impairment."

\*\* A Vietnam-era veteran is defined as a person who served on active duty for more than 180 days, any part of which occurred during the period August 5, 1964 to May 7, 1975.

\*\*\* A disabled veteran is defined as a person who is entitled to compensation under the laws administered by the Veterans Administration for disability, or whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

\*\*\*\*An "other veteran" is defined as a person who served on active duty during a war or in a campaign or expedition for which a campaign badge, a service medal, or an expeditionary medal has been authorized. "War" includes veterans with active duty service between December 7, 1941 and April 28, 1952, officially designated as World War II. Active duty veterans of Korea, Vietnam, Desert Shield/Storm and other campaigns or expeditions are included because those actions were designated with a campaign badge or medal.