

# City of Indianapolis & Marion County Seasonal / Intern Employment Application

The City of Indianapolis and Marion County is an equal opportunity employer and does not discriminate in hiring or terms and conditions of employment on the basis of race, color, disability, religion, sex, age, national origin, veteran status, or sexual orientation. No question is intended to secure information to be used for such discrimination. Your completed application will be given every consideration, but its receipt does not imply an offer of employment. Please **PRINT** using blue or black ink. Application is subject to Public Records laws.

**\*\*\*INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR REVIEWED FOR EMPLOYMENT\*\*\***

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-mail address, if available: \_\_\_\_\_

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

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**DESIRED POSITION(S):**

1. \_\_\_\_\_ **Location:** \_\_\_\_\_

2. \_\_\_\_\_ **Location:** \_\_\_\_\_

**How did you learn of the position(s)?** \_\_\_\_\_

## EDUCATION/TRAINING

I am enrolled as a student in:  High School  College, Business, or Trade School  
 I am NOT enrolled as a student, but I am a:  High School Graduate or Have Equivalent  College, Business, or Trade School Graduate

High School, College, Business, or Trade Schools Currently Attending or Have Attended	Dates Attended (Month, Year)	Degrees/Certificates Received
	From                      To	
	From                      To	

## WORK EXPERIENCE

(LIST PRESENT AND PAST EMPLOYMENT OR VOLUNTEER EXPERIENCES BEGINNING WITH YOUR MOST RECENT)

Current/Past Employer: Address:	Contact Name: Phone #:	May we contact this employer? Circle one:    YES            NO
Title:	Employment Dates (Month, Year): From                                      To	Reason for leaving:
Responsibilities:		

Current/Past Employer: Address:	Contact Name: Phone #:	May we contact this employer? Circle one:    YES            NO
Title:	Employment Dates (Month, Year): From                                      To	Reason for leaving:
Responsibilities:		

**\*\*\*Additional work/volunteer experiences or references may be attached on a separate sheet of paper.\*\*\***

Has the City of Indianapolis or Marion County ever employed you?    YES            NO

If YES, what Department/Agency? \_\_\_\_\_ List date(s): \_\_\_\_\_ Contact Name and Phone: \_\_\_\_\_

The City/County has an anti-nepotism policy, which prohibits the establishment of supervisor/employee relationship between individuals related by blood or marriage. Does the City/County currently employ a person related to you by blood or marriage? Circle one: YES            NO

If YES, Name: \_\_\_\_\_ Department/Agency: \_\_\_\_\_ Relationship: \_\_\_\_\_

**(please complete reverse side)**

**CONDITIONS OF EMPLOYMENT (PLEASE READ CAREFULLY)**

Employment with the City/County does not grant entitlement or an expectation of continued employment. Employment in no way grants property interest or contractual rights to City/County employees. All City/County employees are considered employees at will unless otherwise provided by City Ordinance or bargaining unity agreement.

I authorize the City/County to verify information regarding my previous schools, employers, and references, which may be used in determining my employment eligibility.

I agree to physical and medical examinations at any time at the option of the City/County, including blood tests, urinalysis, and a Breathalyzer. I understand these examinations are to determine whether I have recently consumed and/or am under the influence of alcohol, intoxicants, or non-prescribed drugs while performing my duties as a City/County employee. Failure to take such blood tests, Breathalyzer, or urinalysis, may result in corrective action up to and including discharge. I agree that the results of such examinations and tests may be disclosed to the Department Director and used in any subsequent action, including discharge, which may be taken against me. However, I also understand that under no circumstances will I be required to waive my immunity with the respect to the use of tests. Results of such a test shall not be used in any subsequent criminal court without my consent.

I agree to give any law enforcement agency permission to give any record of arrest and/or convictions to the Human Resources Division of the City of Indianapolis and Marion County. I understand this information regarding convictions will be used for determination of my eligibility for hire and/or transfer.

I agree that in no event what so ever, during my employment with the City of Indianapolis and Marion County, will I, against my employer, initiate, authorize, sanction, encourage, support or engage in any organized strike, slowdown, concerted job action, work shortage or cease the continuous performance of my duties. I am aware that such action may be grounds for dismissal.

Final employment is contingent upon satisfactory completion of all employment procedures, to include all required post-offer physicals, verification of all relevant information, and an official employment offer by a representative of the Human Resources Division.

I understand that the City/County will strive to keep personal information confidential. I also understand that the City/County may be required to disclose this information pursuant to I.C. 5-14-3, the Public Records Law. In the event disclosure is required by law, I agree to waive all rights of action against the City/County for disclosing any and all information I have provided.

I certify that the information contained in my application is correct and complete to the best of my knowledge and understand that the City of Indianapolis and Marion County may conduct investigations to ascertain its validity. I realize that misrepresentation of facts or the failure to update any information relating to questions on the application may be cause for rejection of the application or dismissal after employment.

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**BACKGROUND CHECK AUTHORIZATION**

*(MUST BE COMPLETED IN ORDER TO BE CONSIDERED FOR EMPLOYMENT –PLEASE PRINT)*

Full Name: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Have you ever been convicted of a felony or misdemeanor? Circle one:** YES NO **If YES, explain all convictions:** \_\_\_\_\_

I give permission to the City of Indianapolis & Marion County to conduct a background investigation, which will include the release of criminal records, as part of the processing of this application for employment.

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**NOTICE: If you are under (18) years of age, your parent or guardian’s signature is required.**

Parent or Guardian Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*FOR USE BY THE HIRING MANAGER ONLY\*\*\***

Managers, please fax this authorization to your Employment Specialist at 327-4435. Background checks must be completed prior to hire!

Hiring Manager: \_\_\_\_\_ Location: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*FOR USE BY THE EMPLOYMENT SECTION ONLY\*\*\***

Criminal Background Check completed: Yes No Completed by, (Full Name): \_\_\_\_\_ Date: \_\_\_\_\_