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## **APPLICATION & INFORMATION PACKAGE FOR MAINTENANCE OPERATIONS LABORER**

### **Instructions and General Information**

This package contains the following items:

1. Application for employment
2. Authority to Release Information & Waiver of Liability (Town Clerk-Treasurer can notarize form).

The following items **must be returned with the application packet**. All items must be submitted together and at the same time. Applications missing any of these items will be considered incomplete and may not be processed.

1. Completed Application
2. Copy of High School Diploma, GED Certificate, or equivalent
3. Copy of current State of Indiana Driver's License
4. Copy of any applicable certificate of training.

The application form is to be completed legibly, in the applicants' own handwriting in blue or black ink or typed. If more space is needed to provide additional information for any section of the application, attach separate pieces of paper with the title of the section you are adding additional information for.

Please read all enclosed material carefully. This information should answer most of the frequently asked questions. If you need more information, please email [information@roachdale.in.gov](mailto:information@roachdale.in.gov).

**ALL APPLICATIONS AND SUPPORTING DOCUMENTATION MUST BE SUBMITTED TO THE TOWN OFFICE NO LATER THAN FRIDAY, APRIL 10, 2026 AT 4:00 PM.**

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## AUTHORITY TO RELEASE INFORMATION AND WAIVER OF LIABILITY

I (Print Name) \_\_\_\_\_, am applying for a position with the Town of Roachdale, Indiana. The Town needs to thoroughly investigate my background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's best interest that all relevant information concerning my personal, education, and employment history be disclosed to the Town.

I hereby authorize the release of any files pertaining to my employment, financial, credit, educational, medical, and military, to a representative of the Town of Roachdale bearing this release to obtain any information in your legal, criminal history, background and reputation. I hereby direct you to release such information upon the request of the bearer. I do authorize a review of and full disclosure of all records concerning myself, whether said records are public, private, or confidential nature and whether written, oral, or electronic. I reiterate and emphasize that the intent of the authorization is to provide full and free access to the background history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Town of Roachdale to consider in determining my suitability for employment in that department. It is my specific intent to provide access to information, however personal or confident it may be. This includes investigatory files, efficiency ratings, discipline files, complaints or grievances, the records or recollections of attorneys at law or other counsel, whether representing me or another person in any case, and including records or files which are deemed to be confidential, and or sealed. I direct you to release such information upon request of the Town of Roachdale regardless of any agreement I may have made with you previously to the contrary.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information. The Town of Roachdale may discontinue processing my application if I refuse to disclose the information requested. I agree to hold your organizations, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Town of Roachdale. It is my intent that the release should also apply to personal recollections and information about my character, personality or suitability for the job which I have applied that are written, oral, electronic.



A photocopy, electronic copy, or faxed copy of this release form will be valid, as an original thereof, even though the said photocopy, electronic, or fax does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street and Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

SWORN AND SUBSCRIBED BEFORE ME, \_\_\_\_\_,

A NOTARY PUBLIC FOR \_\_\_\_\_ COUNTY, STATE OF \_\_\_\_\_ ON THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

MY COMMISSION EXPIRES \_\_\_\_\_

PRINT NAME OF NOTARY \_\_\_\_\_

SEAL



## EMPLOYMENT APPLICATION

FULL NAME			
OTHER NAMES USED			
DATE OF BIRTH			
US CITIZEN	YES	NO	
SOCIAL SECURITY NUMBER			

MARITAL STATUS	
SPOUSE NAME	

CURRENT ADDRESS			
CURRENT PHONE	H:	C:	W:
CURRENT EMAIL			

Date Available: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Have you ever been convicted of a crime: \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain in detail, on a separate sheet of paper and attach it to the application.



**CHARACTER REFERENCES:** (Do not include relatives, former employers, or person living outside of the United States) List only character references who have definite knowledge of your qualifications and fit for the position for which you are applying. Do not repeat the names of supervisors listed in the Employment Section of this application.

NAME	RELATIONSHIP	ADDRESS	PHONE



**EMPLOYMENT RECORD:** Beginning with your current or most recent job, list your work history for the past TEN years. Include part-time, seasonal, temporary, and all periods of unemployment. For dates us the format mm/yy.

DATES WORKED FROM AND TO			
FINAL SALARY/WAGE			
NAME AND ADDRESS OF EMPLOYER			
PHONE NUMBER			
JOB OR POSITION TITLE			
DESCRIPTION OF DUTIES			
NAME OF SUPERVISOR AND PHONE NUMBER			
REASON FOR LEAVING			
MAY WE CONTACT EMPLOYER	YES	NO	

DATES WORKED FROM AND TO			
FINAL SALARY/WAGE			
NAME AND ADDRESS OF EMPLOYER			
PHONE NUMBER			
JOB OR POSITION TITLE			
DESCRIPTION OF DUTIES			
NAME OF SUPERVISOR AND PHONE NUMBER			
REASON FOR LEAVING			
MAY WE CONTACT EMPLOYER	YES	NO	



DATES WORKED FROM AND TO			
FINAL SALARY/WAGE			
NAME AND ADDRESS OF EMPLOYER			
PHONE NUMBER			
JOB OR POSITION TITLE			
DESCRIPTION OF DUTIES			
NAME OF SUPERVISOR AND PHONE NUMBER			
REASON FOR LEAVING			
MAY WE CONTACT EMPLOYER	YES	NO	

DATES WORKED FROM AND TO			
FINAL SALARY/WAGE			
NAME AND ADDRESS OF EMPLOYER			
PHONE NUMBER			
JOB OR POSITION TITLE			
DESCRIPTION OF DUTIES			
NAME OF SUPERVISOR AND PHONE NUMBER			
REASON FOR LEAVING			
MAY WE CONTACT EMPLOYER	YES	NO	

DATES WORKED FROM AND TO			
FINAL SALARY/WAGE			
NAME AND ADDRESS OF EMPLOYER			
PHONE NUMBER			
JOB OR POSITION TITLE			
DESCRIPTION OF DUTIES			
NAME OF SUPERVISOR AND PHONE NUMBER			
REASON FOR LEAVING			
MAY WE CONTACT EMPLOYER	YES	NO	



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Have you ever been involuntarily terminated from a full or part time job, whether it was termed fired, terminated, suspended, laid off, or furloughed? If yes, describe the circumstance.

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Have you ever resigned (quit) after being informed your employer intended to discharge you? If yes, please explain the circumstances.

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Have you ever had any disciplinary actions taken against you at any of your jobs? (written reprimand, suspension, with or without pay, forfeiture of benefits, or other similar actions) If yes, which job? Describe the circumstances.

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Do you have any reason to believe that a former employer may give you a negative job reference? If yes, name employer and explain why.

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**EDUCATION:** List chronologically all schools you have attended. Include High Schools, Colleges, Trade Schools, Vocational Schools, and Others.

DATES ATTENDED	SCHOOL NAME	ADDRESS	DATE GRADUATED

List any other special training classes you have taken or certifications you now hold.

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Foreign Language Skills: Do you have a working knowledge of any language other than English? \_\_\_ Yes \_\_\_ No

If yes, which Language and what skill level?

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Do you possess any special qualifications, professional licenses, certifications, abilities, honors, publications, etc. that are not listed elsewhere in this application that would reflect upon your qualifications for this job?

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**MILITARY SERVICE:**

Dates of Active Duty (mm/dd/yy): \_\_\_\_\_

Which Branch of the Military: \_\_\_\_\_

Your Selective Service Number: \_\_\_\_\_

If you are still enlisted, when will you be discharged? \_\_\_\_\_

Highest Rank: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Unit(s) to which assigned and primary duty type: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_

Are you eligible for re-enlistment?  Yes  No

Are you or have you ever been a member of the US Reserve or National Guard?

Yes  No

Unit and Location: \_\_\_\_\_

Reserve Status and Obligation if any: \_\_\_\_\_

Have you received ANY disciplinary action while in the military (Article 15's, Captain's Mast, Written Reprimands, etc.)?  Yes  No

If yes, describe the circumstances:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Have you ever been a defendant in a court martial? \_\_\_ Yes \_\_\_ No

If yes, provide the date and outcome:

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**INFORMATION CONCERNING DRIVING STATUS AND RECORD ARREST, DETENTIONS,  
AND LITIGATION:**

List ALL vehicle operator's licenses you currently hold or have held from any state or country. Provide type, State, Driver's License Number, and Expiration date.

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Have you ever received a traffic ticket?  Yes  No

If yes, how many in the last 5 years? \_\_\_\_\_

Have you ever been involved in traffic accident as a driver?  Yes  No

If yes, how many total accidents (whether you were judged at fault or not and whether they happened on private or public property)?

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In how many of your total accidents were you judged to be the larger contributor (at fault) by the investigating officer? \_\_\_\_\_

Were you ever given a ticket as a result of an accident?  Yes  No

If yes, please explain:

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Has your driver's license ever been restricted, suspended or revoked for any reason?  
 Yes  No

If yes, list when and for what reason your license was restricted, suspended or revoked.

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Have you ever been denied automobile insurance or had your insurance revoked?

Yes       No

If yes, please explain:

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Have you ever been arrested or detained by any law enforcement agency (excluding the above stated traffic tickets)?       Yes       No

List the place, agency, date, and details of each incident.

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## DISCLAIMER AND SIGNATURE

The Town of Roachdale is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three business days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

In connection with my application for employment and as a condition of employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the Town may be requesting information from various federal, state, and other agencies which may maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above-mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information by the Town of Roachdale and/or any of their agents. This authorization and consent shall be valid in original, fax, copy, email, or PDF form.

All hiring and employment at the Town is at will (this may not apply for certain positions as covered by applicable law). I understand this application is not an employment contract, nor can it be used to create one. Employment by the Town of Roachdale has no specific term and may be terminated by the Town with or without notice (unless covered by applicable law). I acknowledge that the Town of Roachdale has not made any promises or representations that differ from those contained in this paragraph.

I release and hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to the Town of Roachdale. I agree to release and hold harmless the Town of Roachdale from all liability with respect to the receipt of such information.



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I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with the Town may be terminated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date