



# Dillsboro, Indiana

13030 Executive Drive PO box 127 Dillsboro, IN 47018  
(812) 432-9002 www.dillsboro.in

## Personal Information

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Are you at least 18 years of age (Yes / No): \_\_\_\_\_ If no, please indicate birth date: \_\_\_\_\_

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

## Availability

Are you legally eligible to work in the United States? (Yes/No): \_\_\_\_\_

Are you available to work full-time, part-time, or on a seasonal basis? Please specify availability: \_\_\_\_\_

## Education

Highest Level of Education Completed: \_\_\_\_\_

Name of School/College/University: \_\_\_\_\_

Location: \_\_\_\_\_

Degree/Diploma/Certificate Earned: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

**Work Experience:** Please list your relevant work experience, starting with the most recent.

1. Company/Organization Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Dates of Employment (Month/Year - Month/Year): \_\_\_\_\_

Responsibilities/Key Achievements: \_\_\_\_\_

2. Company/Organization Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Dates of Employment (Month/Year - Month/Year): \_\_\_\_\_

Responsibilities/Key Achievements: \_\_\_\_\_

3. Company/Organization Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

Dates of Employment (Month/Year - Month/Year): \_\_\_\_\_

Responsibilities/Key Achievements: \_\_\_\_\_

**Skills:** Please list any skills or qualifications relevant to the position applied for:

\_\_\_\_\_

**References:** Please provide contact information for two professional references.

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

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Additional Information:** Is there anything else you would like us to know about you or your qualifications for this position?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Certification:** By submitting this application, I certify that all information provided is true and accurate to the best of my knowledge. I understand that any false statements or omissions may result in disqualification from consideration for employment or termination if discovered after employment. Please sign your full name to signify your agreement with the certification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit your completed application form along with any additional materials (resume, cover letter, etc.) to the Town Manager at [manager@townofdillsboro.com](mailto:manager@townofdillsboro.com) / 13030 Executive Drive, PO Box 127 Dillsboro, IN 47018. If you have any questions or need further assistance, please don't hesitate to contact us. Thank you for your interest in joining our team, we look forward to reviewing your application!