



Employment Application

APPLICANTS MUST COMPLETE THE ENTIRE EMPLOYMENT APPLICATION FORM
EVEN IF A RESUME IS ATTACHED

Title of position for which you are applying: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip
Code

Phone: _____
Home Cell

Social Security Number: _____ Driver's License #: _____

If you are under 18 years of age, can you provide a work permit? _____ Yes _____ No
Have you been employed here before? _____ Yes _____ No
Are you legally eligible for employment in this country? _____ Yes _____ No
(Proof of U.S. citizenship or immigration status will be required upon employment)

Date available for work: _____ Salary expected: _____

Type of employment desired: _____ Full Time _____ Part Time _____ Temporary _____ Seasonal

Will you submit to any pre-employment testing designed to determine whether you are able to perform the essential functions of the job for which you are applying? _____ Yes _____ No

Based upon your education and experience, please describe the skills, knowledge, and abilities which qualify you for this position:



EMPLOYMENT HISTORY

Employer: _____ Job Title: _____

Employer Address: _____ Employer Phone: _____

Immediate Supervisor: _____ May We Contact? Yes No

Dates of Employment: From: _____ To: _____ Annual Salary: _____

Describe Duties of Position:

Reason for Leaving:

Employer: _____ Job Title: _____

Employer Address: _____ Employer Phone: _____

Immediate Supervisor: _____ May We Contact? Yes No

Dates of Employment: From: _____ To: _____ Annual Salary: _____

Describe Duties of Position:

Reason for Leaving:

Are you now employed? Yes No Full Time Part Time



Were you discharged or asked to resign from any position that you have held? ____ Yes ____ No

If yes, please state circumstances:

Have you ever been convicted of a felony? ____ Yes ____ No

If yes, please give the nature of the offense, the date of conviction, the penalty imposed for the offense, and the date of release from prison, if applicable.

Please note that a conviction received will not necessarily be a bar to employment.

The City of Carlisle tests its employees for drug use.

Will you voluntarily submit yourself for drug testing when requested? ____ Yes ____ No

Do you have any relatives employed by the City of Carlisle? ____ Yes ____ No

If so, what is the relationship, their name, and the department in which they are presently employed?

The City of Carlisle is an Equal Opportunity Employer



EQUAL OPPORTUNITY EMPLOYER

Our City government accepts for employment and promotes its employees without regard to race, color, religion, sex, age, marital status, national origin, ancestry, physical or mental handicap unrelated to ability of an individual, or an unfavorable discharge from military service, and bases appointments and promotions on merit, experience, and other qualifications applied fairly to all applicants and in accord with state and federal law.

I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any misrepresentation of fact, as stated or implied, on this or any other employment form, will be sufficient reason not to hire me and will be cause for my dismissal.

I understand the City is in no way obligated to provide employment and that I am in no way obligated to accept employment. This application does not bind either party for a specific period of time regarding employment and the statements herein do not constitute any sort of contract of employment.

I understand that an investigative consumer report may be made concerning my character, general reputation, personal characteristics, and mode of living. Upon written request within a reasonable period of time, I can obtain from the City a written disclosure of the nature and scope of the investigation requested.

I hereby authorize those parties to whom this document (or a reproduction of this document) is presented to make full disclosure of any and all records, reports, and related documents or information that would reflect favorably or unfavorably upon my application for a position with the City of Carlisle. In addition, I authorize those parties to conduct a credit check, drug and alcohol testing, pre-employment physical, and psychological examination. I further release from liability any person or persons, office, or institution so providing aforementioned information in connection with the pre-employment investigation. I also specifically waive any right I may have to written notice from my former employer, references, or schools prior to the release of any of my employment information to the City.

Signature of Applicant

Social Security Number

Date