



CITY OF CARLISLE APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual identity or gender identity, or any other legally protected status.

Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). If the space provided is not sufficient for complete answers, or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

Position(s) Applied For	Date of Application
How did you learn about this position? <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Friend <input type="checkbox"/> Other	

1. PERSONAL INFORMATION

Last Name	First Name	Middle Name
Address	City	State/Zip
Telephone Number	Alternate Number/E-mail Address	Social Security Number
If you have ever used a name other than that shown above, list name and dates used: _____ _____		

Best time to contact you at home	____:____ am/pm
If you are under 18 years of age, can you furnish a work permit?	___ Yes ___ No
Have you ever filed an application with the City of Carlisle before If so, give date: _____	___ Yes ___ No
Have you ever been employed with us before If so, give date: _____	___ Yes ___ No
Do any of your friends or relatives, other than spouse work here? Please list: _____	___ Yes ___ No
Are you currently employed?	___ Yes ___ No
May we contact your present employer?	___ Yes ___ No
Are you prevented from lawfully becoming employed in this country because Visa or Immigration Status Proof of citizenship or immigration status will be required upon employment	___ Yes ___ No
Date available to begin work ____/____/____	What is your desired salary range? _____/hour
Are you available for work:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time - Please indicate Mornings Afternoons Evenings <input type="checkbox"/> Temporary - Please indicate dates available _____
Are you currently on "lay-off" status and subject to recall?	___ Yes ___ No
Can you travel if a job requires it?	___ Yes ___ No
Is there any reason why you would be unable to perform the essential functions of the job for which you are applying? _____ If yes, please explaining. _____	

2. OPERATOR'S LICENSE

Drivers license number _____ State _____

Have you been licensed in any other state? – list:

3. EDUCATION

High School (Submit/Forward Transcript)

Name of High School Attended _____ Address _____

Dates Attended – From _____ To _____

Course Pursued _____ Diploma Earned _____

Post-Secondary Education (Submit/Forward Transcripts)

Name of College/University _____ Address _____

Dates Attended - From _____ To _____

Semester/Quarter Credits Earned _____ Degree Obtained _____

Name of College/University _____ Address _____

Dates Attended - From _____ To _____

Semester/Quarter Credits Earned _____ Degree Obtained _____

a. Were you ever dismissed from a school, or was any disciplinary action including scholastic probation ever taken against you? Yes _____ No _____

School	Date	Action Taken

b. List awards, honors, positions held in school organizations, athletics, or any other special recognition you received in school.

c. List any special abilities, interests, sports or hobbies.

ATTACH COPIES OF BOTH HIGH SCHOOL AND COLLEGE TRANSCRIPTS TO THIS APPLICATION

4. ORGANIZATION MEMBERSHIP

Are you now or have you ever been a member of any club, society or organization? Yes _____ No _____

If yes, list below. Please exclude organizations that indicate race, color, religion, gender, national origin, disabilities, age, sexual orientation, gender identity or other protected status.

Organization Name	City/State	Active/Former Member	Position Held

5. EMPLOYMENT EXPERIENCE

Start with you present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities, age, sexual orientation, gender identity or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
May we contact for references?				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
May we contact for references?				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
May we contact for references?				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
May we contact for references?				

If you need additional space, please continue on a separate sheet of paper.

Other Qualifications – Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills – (List skills/equipment operated).

State any additional information that you feel should be used when considering your application.

6. REFERENCES

Give three references (not relatives, former or present employers, fellow employees or school teachers) who are responsible adults of reputable standing in their communities, who have known you well for at least five years. If retired, give former occupation. At least two references should be work-related.

Complete Name	Address: Residence _____ Business _____
Number of Years Acquainted / Occupation	Telephone _____

Complete Name	Address: Residence _____ Business _____
Number of Years Acquainted / Occupation	Telephone _____

Complete Name	Address: Residence _____ Business _____
Number of Years Acquainted / Occupation	Telephone _____

7. COURT RECORD

NOTE: Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? _____ Yes _____ No

If yes, please provide the following details.

Date	Place	Charge	Disposition	Details

8. MILITARY RECORD

a. Have you registered for the Draft, if applicable? _____ Yes _____ No

b. Have you ever served on active duty in the U.S. Armed Forces? _____ Yes _____ No

Highest rank attained: _____

c. Branch of Service	d. Serial Number	e. Dates of Active Duty From _____ To _____
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Type of Discharge _____	Member of Reserve/National Guard?
Date DD-214 Recorded _____	_____ Yes _____ No If yes, service branch?
County _____ State _____	_____
Location: _____	

Has any disciplinary action been taken against you while in the military? _____

9. APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. This application does not constitute an agreement or contract for employment for any specified period of definite duration. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

10. AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Carlisle Police Department whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veterans Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the City of Carlisle. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release the Carlisle Police Department and the City of Carlisle from any and all liability which may be incurred as a result of collecting such information.

I HEREBY SWEAR AND AFFIRM THAT EACH STATEMENT AND ALL INFORMATION IN OR SUPPLEMENTING THIS APPLICATION (PERSONAL AND PHYSICAL EVALUATION) IS COMPLETE, TRUE, AND ACCURATELY RECORDED TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT PROVIDING FALSE, MISLEADING, AND/OR INCOMPLETE INFORMATION ON THIS APPLICATION IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

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

I have read and fully understand the contents of this "Authorization for Release of Personal Information".

Signature of Applicant

Date

The City of Carlisle is an equal opportunity employer.