

EMPLOYMENT APPLICATION

TOWN OF NEW CARLISLE

Please print and fill out completely

DATE: _____

NAME: _____
 LAST FIRST MIDDLE

TELEPHONE NO.: _____

PREVIOUS NAMES USED, IF ANY: _____

TYPE OF POSITION(S) APPLYING FOR: _____

IMPORTANT – PLEASE READ BEFORE COMPLETING APPLICATION FORM:

I certify that all of the statements made in this Application Form are true, complete and correct to the best of my knowledge. I understand that false or misleading statements may be sufficient ground for not being hired, or upon discovery once hired, grounds for discharge. I authorize the Town of New Carlisle (or their designee) to contact previous employers, references, schools and others deemed necessary in order to obtain additional information and to verify information contained in this Application and accompanying resume (if any). I release the Town and any respondent from any liability for information released.

The Town of New Carlisle's policies include adherence to the Drug Free Work Place Act of 1988. I understand and agree that employment may be contingent upon passing a drug and/or alcohol test.

I understand that in consideration of my employment, I agree to follow the policies and procedures of the Town. I further understand that employment may be terminated by me and/or the Town with or without cause or notice and that this Application Form does not constitute an employment agreement for any specific period of time.

Federal law requires documents to prove identity and legal authorization to work in the United States. I understand I will be asked to show necessary proof (such as birth certificate, a state issued driver's license, United States Passport, unexpired INS employment authorization, etc.) within three days of being hired and that failure to show such documents is grounds for employment termination.

Please Sign

Date

THE TOWN OF NEW CARLISLE IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, CREED, COLOR, SEX, RELIGION, AGE, NATIONAL ORIGIN, MARITAL STATUS, DISABILITY, OR VETERAN'S STATUS.

BACKGROUND INFORMATION

CURRENT ADDRESS: _____

PREVIOUS ADDRESS: _____

ARE YOU LOOKING FOR: (Please circle one) Full-Time Part-Time Temporary

SPECIFY DAYS AND HOURS YOU ARE WILLING TO WORK: _____

NOTE: Some positions require weekends, holidays and nights.

RATE OF PAY EXPECTED: _____ HOW SOON ARE YOU AVAILABLE TO WORK: _____

ARE YOU UNDER THE AGE OF 18: _____ IF YES, CAN YOU FURNISH A WORK PERMIT? _____

IF NOT A U.S. CITIZEN HAVE YOU THE LEGAL RIGHT TO WORK IN THE U.S.? _____

NOTE: The Immigration and Control Act requires proof of your status.

IF YOU HAVE BEEN CONVICTED OF A FELONY OR DRUG OFFENSE PLEASE EXPLAIN: _____

NOTE: A conviction would not necessarily prohibit employment.

IF YOU HAVE BEEN FIRED OR FORCED TO RESIGN FROM EMPLOYMENT PLEASE EXPLAIN: _____

(If you need more space please attach a separate piece of paper.)

EDUCATION & MILITARY EXPERIENCE

SCHOOLS

NAME/CITY

DEGREE/LICENSE/MAJOR

HIGH
SCHOOL

TECHNICAL
SCHOOL OR
TRAINING

APPRENTICE
TRAINING

COLLEGE

OTHER

VETERAN OF U.S. MILITARY SERVICE: YES: BRANCH: _____ NO
DISCHARGE: DISHONORABLE HONORABLE FINAL RANK: _____
LIST ANY SPECIAL SKILLS/TRAINING RECEIVED IN THE MILITARY: _____

WORK HISTORY (List your present or last job first.)

COMPANY: _____ JOB TITLE: _____

ADDRESS: _____

DATES: FROM: _____ TO: _____ PHONE: _____

SUPERVISOR: _____ PAY: _____

JOB TITLE & DUTIES: _____

REASON FOR LEAVING: _____

COMPANY: _____ JOB TITLE: _____

ADDRESS: _____

DATES: FROM: _____ TO: _____ PHONE: _____

SUPERVISOR: _____ PAY: _____

JOB TITLE & DUTIES: _____

REASON FOR LEAVING: _____

COMPANY: _____ JOB TITLE: _____

ADDRESS: _____

DATES: FROM: _____ TO: _____ PHONE: _____

SUPERVISOR: _____ PAY: _____

JOB TITLE & DUTIES: _____

REASON FOR LEAVING: _____

COMPANY: _____ JOB TITLE: _____

ADDRESS: _____

DATES: FROM: _____ TO: _____ PHONE: _____

SUPERVISOR: _____ PAY: _____

JOB TITLE & DUTIES: _____

REASON FOR LEAVING: _____

COMPANY: _____ JOB TITLE: _____

ADDRESS: _____

DATES: FROM: _____ TO: _____ PHONE: _____

SUPERVISOR: _____ PAY: _____

JOB TITLE & DUTIES: _____

REASON FOR LEAVING: _____



ADDITIONAL INFORMATION

PLEASE COMPLETE WITH INFORMATION RELEVANT FOR THE POSITION(S) YOU ARE APPLYING FOR.
PROFESSIONAL REGISTRATIONS, CERTIFICATIONS, LICENSES (INCLUDE TYPE, STATE, DATE OF
EXPIRATION): _____

FOR TRUCK DRIVERS: CURRENT LICENSE #: _____ STATE: _____ CLASS: _____

EXPIRATION DATE: _____ EXPLAIN ANY ACCIDENTS AND TICKETS: _____

TYPE OF EQUIPMENT: _____

LIST ANY ADDITIONAL EQUIPMENT, TOOLS, SKILLS, OR EXPERIENCE RELEVANT TO THE POSITION(S) YOU
ARE APPLYING FOR (FOR EXAMPLE: POWER TOOLS, COMPUTERS, OFFICE EQUIPMENT, WORKSHOPS AND
SEMINARS, OR HOBBIES, ETC.): _____

DO YOU HAVE A CURRENT DRIVERS LICENSE: YES NO

REFERENCES

LIST THREE PEOPLE YOU HAVE WORKED FOR OR WITH OVER THE LAST THREE YEARS THAT WE MAY CONTACT FOR A REFERENCE. PLEASE DO NOT INCLUDE SUPERVISORS LISTED IN THE "WORK HISTORY" SECTION.

NAME: _____ PHONE NO.: _____

ADDRESS: _____

JOB TITLE: _____ YEARS KNOWN: _____

COMPANY NAME: _____

LOCATION: _____

NAME: _____ PHONE NO.: _____

ADDRESS: _____

JOB TITLE: _____ YEARS KNOWN: _____

COMPANY NAME: _____

LOCATION: _____

NAME: _____ PHONE NO.: _____

ADDRESS: _____

JOB TITLE: _____ YEARS KNOWN: _____

COMPANY NAME: _____

LOCATION: _____

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT WITH THE TOWN OF NEW CARLISLE. YOUR APPLICATION FORM WILL BE KEPT ON FILE FOR 6 MONTHS.
