



Municipality of Carlisle

760 Central Avenue, Carlisle, Ohio 45005
Phone: 937-746-0555 Fax: 937-743-8178
www.carlisleoh.org

Date of Application: _____

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 Work Cell

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

If you are under 18 years of age, can you furnish 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

EDUCATION	High School	College/University	Graduate/Professional
School Name			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Did you Graduate?	Yes No	Yes No	Yes No
Course(s) of Study			
Describe any Specialized Training and Skills			

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: _____

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 Municipality 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 Municipality of Carlisle? Yes No

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

EQUAL OPPORTUNITY EMPLOYER

Our Municipality 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 Municipality 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 Municipality 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 Municipality 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 Municipality.

Signature of Applicant Social Security Number Date

BACKGROUND RESEARCH RELEASE

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all of the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.

1. Consent To Conduct Background Investigation

As a condition of and in consideration for the City of Carlisle's (herein referred to as the "City") consideration of this application, I give permission to the City to investigate my personal and employment history and my driving record. I further understand and agree that the City may investigate my driving record on an ongoing basis. I understand that this background investigation will include, but not limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to the City to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

2. Consent To Contact Past Employers

I give permission to the City to contact all employers listed in this application (except those specifically excluded) for reference. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with the City, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of the City. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my journey employers to the City. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

3. Consent To Contact Government Agencies

I give permission to any agent, attorney or representative of the City to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate the City as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

Authorization and General Release

The undersigned _____ (name of applicant) in connection with this application, authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release information they may have about me to the City of Carlisle or its agents and releases them from any liability or responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

Applicant's Signature

(Witness's Name), Witness (Municipality of Carlisle)

Date

THIS PAGE TO BE SIGNED IN THE PRESENCE OF AN EMPLOYEE OF THE MUNICIPALITY OF CARLISLE.



MUNICIPALITY OF CARLISLE, OHIO
EQUAL EMPLOYMENT OPPORTUNITY STATISTICAL SUPPLEMENT

Applicants for employment are requested, **but not required**, to provide the following supplementary data. Availability of this data assists in the maintenance of an Equal Employment Opportunity Program. Please **DO NOT** place your name on this form.

This information helps us comply with government record keeping, reporting, and other legal requirements and will be kept in a **Confidential File** separate from the Application for Employment. We appreciate your cooperation.

This form is completely voluntary and does not affect your employment status.

1. Position Applied For: _____
2. Date of Application: _____
3. Birthdate: _____
4. Age: _____
5. Gender: ____ M ____ F
6. Marital Status: ____ Single ____ Married ____ Widowed ____ Separated ____ Divorced
7. Height: ____ ft. ____ in.
8. U.S. Citizen? ____ Yes ____ No
9. Warren County Resident? ____ Yes ____ No
10. Municipality of Carlisle Resident? ____ Yes ____ No
11. Race or Ethnic Origin: ____ Caucasian ____ Hispanic ____ Asian ____ African-American
____ Pacific Islander ____ Other _____
12. Religious Affiliation: _____
13. How did you learn about job possibilities with the Municipality of Carlisle?
____ Friend ____ School ____ Internet Search Engine ____ Municipality Website
____ Dayton Daily News ____ Journal News ____ OML Newsletter ____ Municipality Employee
____ Municipality Newsletter ____ Social Media/Carlisle Facebook Page ____ Cable TV

PLEASE DO NOT PLACE YOUR NAME ON THIS FORM