



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 Applied For				
How did you learn about this position?				
Advertisement	Relative	Inquiry	Friend	Other

PERSONAL INFORMATION

Last Name		First Name		Middle Name
Address		City	State/Zip	
Telephone Number	Alternate Number/E-mail Address		Social Security Number	
If you are under 18 years of age, can you furnish a work permit?				___ Yes ___ No
Have you ever been employed with us before				___ Yes ___ No
If so, give date: _____				
Do any of your friends or relatives, other than spouse work here?				___ Yes ___ No
Please list: _____				
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 _____		

EDUCATION & BACKGROUND

School	Dates	Current/Highest Level Accomplished
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.		
Other Qualifications – Summarize special job-related skills and qualifications acquired from employment or other experience.		

EMPLOYMENT EXPERIENCE

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

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

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.

Name:	Phone Number:
Name:	Phone Number:
Name:	Phone Number:

APPLICATION DISCLAIMER AND ACKNOWLEDGEMENT

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the City of Carlisle to hire me. If I am hired, I understand that either City of Carlisle or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of City of Carlisle has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to City of Carlisle true and complete information on this application. No requested information has been concealed. I authorize City of Carlisle to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date _____ Signature _____

The City of Carlisle is an equal opportunity employer.

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE ABOVE.