



## 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?

\_\_\_\_ Advertisement    \_\_\_\_ Relative    \_\_\_\_ Inquiry    \_\_\_\_ Friend    \_\_\_\_ 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

\_\_\_\_ Yes    \_\_\_\_ No

If so, give date: \_\_\_\_\_

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: \_\_\_\_\_

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:    \_\_\_\_ Full-Time

\_\_\_\_ Part-Time - Please indicate Mornings    Afternoons    Evenings

\_\_\_\_ 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, if requested)

Name of High School Attended \_\_\_\_\_ Address \_\_\_\_\_

Dates Attended – From \_\_\_\_\_ To \_\_\_\_\_

Course Pursued \_\_\_\_\_ Diploma Earned \_\_\_\_\_

Post-Secondary Education (Submit/Forward Transcripts, if requested)

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.

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Specialized Skills – (List skills/equipment operated).

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

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## 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.

|   |   |
|---|---|
| Complete Name                                   | Address:<br>Residence _____<br>Business _____ |
| Number of Years Acquainted     /     Occupation | Telephone _____                               |

|   |   |
|---|---|
| Complete Name                                   | Address:<br>Residence _____<br>Business _____ |
| Number of Years Acquainted     /     Occupation | Telephone _____                               |

|   |   |
|---|---|
| Complete Name                                   | Address:<br>Residence _____<br>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<br>From _____ To _____                                      |  |
| 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.



# STATE OF IOWA

## Criminal History Record Check Request Form



DCI Account Number: \_\_\_\_\_  
(if applicable)

**To: Iowa Division of Criminal Investigation**  
**Support Operations Bureau, 1<sup>st</sup> Floor**  
**215 E. 7<sup>th</sup> Street**  
**Des Moines, Iowa 50319**  
**(515) 725-6066**  
**(515) 725-6080 Fax**

**From:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

I am requesting an Iowa Criminal History Record Check on:

| Last Name (mandatory)     | First Name (mandatory)  | Middle Name (recommended)            |
|---------------------------|---|--------------------------------------|
|                           |   |                                      |
| Date of Birth (mandatory) | Gender (mandatory)  | Social Security Number (recommended) |
|                           | <input type="checkbox"/> Male <input type="checkbox"/> Female |                                      |

**Waiver Information:** Without a signed waiver from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a waiver signature from the subject of the request.

**Waiver Release:** I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

**Waiver Signature:** \_\_\_\_\_

### Iowa Criminal History Record Check Results

(DCI use only)

As of \_\_\_\_\_, a search of the provided name and date of birth revealed:

- ☐ No Iowa Criminal History Record found with DCI
- ☐ Iowa Criminal History Record attached, DCI # \_\_\_\_\_

DCI initials \_\_\_\_\_

**Waiver Information:**

Iowa law does **not** require a waiver. However, without a signed waiver from the subject of the request any arrest over 18 months old, **without** a final disposition, cannot be released to a non-law enforcement agency.

Deferred judgments where DCI has received notice of successful completion of probation also cannot be released to non-law enforcement agencies without a signed waiver from the subject of the request.

If the “No Iowa Criminal History Record found with DCI” box is checked, it could mean that the information on file is not releasable per Iowa law without a waiver.

**General Information:**

The information requested is based on **name** and **exact date of birth only**. Without fingerprints, a **positive** identification cannot be assured. If a person disputes the accuracy of information maintained by the Department, they may challenge the information by writing to the address on the front of this form or personally appearing at DCI headquarters during normal business hours.

The records maintained by the Iowa Department of Public Safety are based upon reports from other criminal justice agencies and therefore, the Department cannot guarantee the completeness of the information provided.

The criminal history record check is of the Iowa Central Repository (DCI) **only**. The DCI files do not include other states’ records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a **deferred judgment** ***is not*** considered a conviction once the defendant has been discharged after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain specified multiple offense crimes, i.e. second offense OWI. If a disposition reflects that a deferred judgment was given, you may want to inquire of the individual his or her current status.

A **deferred sentence** ***is*** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Any questions in reference to Iowa criminal history records can be answered by writing to the address on the front of this form or calling (515) 725-6066 between 8:00 a.m. and 4:00 p.m., Monday - Friday.

**REMINDER** - (1) Send in a separate Request Form for each last name, (2) a fee is required for each last name submitted, (3) a completed Billing Form must be submitted with all request(s).

Iowa law requires employers to pay the fee for potential employees’ record checks.