



Employment Application

An Equal Opportunity Employer

<p><i>If mailing your application, please send it to the attention of the department that posted the job opening at:</i> City of Carlisle PO Box 49 Carlisle, AR 72024-0049</p>	<p><i>If submitting your application in person, our address is:</i> City of Carlisle 215 S. Court St. Carlisle, AR 72024</p> <p>The City does not accept faxed applications.</p>
<ul style="list-style-type: none"> • Please print neatly in ink or type. • Answer all questions completely. • Complete and include any required supplements. • Resumes may be attached, but will not be accepted in lieu of a completed application. 	<ul style="list-style-type: none"> • Read all information/disclaimer on this application. • Sign this application and all other forms. • If you have any questions or problems, please contact (870) 552-9420 for assistance.

Job Information			
Job Title	Date you will be available for employment		
Personal Information			
Name			
Last	First	Middle	Suffix
Address			
City		State	Zip Code
Telephone			
Days		Evenings	Alternate
Date of Birth (if less than 18)		Social Security No.	
Personal References			
Name	Address	Phone No.	
Name	Address	Phone No.	
Name	Address	Phone No.	
All applicants who are offered employment must provide documentation which establishes their identity and employment eligibility for authorization to work in the U.S. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered no, do you have the legal right to work in the U.S.? Please explain:			
Have you ever worked or volunteered for the City of Carlisle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please give dates:			
Do you have any relatives employed with the City of Carlisle? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list:			
Name	Department	Relationship	
Name	Department	Relationship	
Driver's License No. and State	Class	Expiration	
Please list other names you have used			

Have you ever been convicted of any crime? Yes No Convictions are not an absolute bar to employment. Consideration is given to the offense and its relationship to the position for which you are applying. If yes, please furnish the following information:

Date	Location	Charge	Disposition
Date	Location	Charge	Disposition

Education

Did you graduate from high school? Yes No What year? _____ If you answered no, do you have a GED? Yes No

High School Name	Location
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Name of School, College or University	Major	Credit Hours	Degree	Year

* Proof of college degrees obtained must be furnished upon hire

Name of Trade, Technical, Business or other school attended	Course of Study	Diploma	Year

List licenses and professional registrations (date and #), certificates and professional memberships held:

List honors, awards, fellowships:

Skills Overview

Approximate typing speed in words per minute:

Please list computer software with which you are familiar:

Are you fluent in a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language(s):	Speak	Read	Write

Please summarize relevant skills and experience that you feel qualify you for this position:

Tools and machines you can use and operate:

Light or heavy motor vehicle equipment you can operate:

Please summarize volunteer services work you have done (include dates):

Please summarize leadership roles you now hold or have held in the past (include dates):

Employment History *(Please provide work history for the past ten (10) years. Use additional paper if necessary)*

Current or most recent employer		Phone
Address		
Job Title		
Employment Dates	From	To
Supervisor's Name and Title		
Starting Salary	Present/Ending Salary	Hours Per Week
Work Performed		
Reason for leaving		
May we contact this employer if you are considered for the position? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer		Phone
Address		
Job Title		
Employment Dates	From	To
Supervisor's Name and Title		
Starting Salary	Ending Salary	Hours Per Week
Work Performed		
Reason for leaving		
Employer		Phone
Address		
Job Title		
Employment Dates	From	To
Supervisor's Name and Title		
Starting Salary	Ending Salary	Hours Per Week
Work Performed		
Reason for leaving		

Employer		Phone
Address		
Job Title		
Employment Dates	From	To
Supervisor's Name and Title		
Starting Salary	Ending Salary	Hours Per Week
Work Performed		
Reason for leaving		
Employer		Phone
Address		
Job Title		
Employment Dates	From	To
Supervisor's Name and Title		
Starting Salary	Ending Salary	Hours Per Week
Work Performed		
Reason for leaving		
Military Service		
Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dates	From	To
Branch		
Primary Duties		

Conditions of Consideration for Employment

I understand that this application is not intended to create any contractual or other legal rights. If I am hired, it will not alter my status as an at-will employee, nor will it create an employment contract for any specific period of time.

All information contained on the application is subject to verification. The City of Carlisle will conduct background checks including, but not limited to, work references, driving records, criminal background records and educational attainment.

I understand an employment offer is contingent upon successful completion of a pre-employment alcohol/drug test, review of work references, and the results of background check.

I understand that specific positions at the City of Carlisle may require me to provide evidence of an acceptable driving record.

If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

If employed, I agree to abide by all policies, regulations and guidelines established by the City of Carlisle.

When advised, reasonable accommodations will be made in order for an "otherwise qualified applicant" with a disability to participate in any phase of the recruitment process. (Americans with Disabilities Act of 1991)

I certify that all the information provided herein is true and complete to the best of my knowledge. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the City of Carlisle and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from City service.

In addition, I give the City of Carlisle the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the City of Carlisle in providing relevant, job related information that will assist in this process. A photocopy of this authorization shall be as valid as the original.

I understand that this appointment will be at the discretion of the department head concerned, subject to the approval of the chief administrative officer, and that this application is the property of the City of Carlisle and will become part of my personnel file if I am accepted for employment.

I have read and understand the "Conditions of Consideration for Employment".

Yes No

Signature	Date
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EQUAL OPPORTUNITY EMPLOYMENT INFORMATION

The City of Carlisle is an Equal Opportunity Employer. We request that you voluntarily provide the following information, which will be used to study recruitment and employment patterns, and to provide statistical data to certain federal compliance agencies. This information WILL NOT be used in the employment process; and failure to provide information WILL NOT jeopardize your opportunity for employment with the City of Carlisle.

Name	Position for which you have applied
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A. Ethnic Origin
For the purpose of Equal Opportunity Employment, race/ethnic categories are identified as follows. Please check one category which identifies your race/ethnic background.

<input type="checkbox"/> White Includes persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the East Indian Subcontinents.	<input type="checkbox"/> Asian or Pacific Islander Includes persons having origins in any of the original peoples of the Far East, Southeast Asia or the Pacific Islands (China, Japan, Korea, Samoa, etc.).
<input type="checkbox"/> Black Includes persons having origins in any of the Black racial groups.	<input type="checkbox"/> American Indian or Alaskan Native Includes persons having origins in any of the original peoples of North America.
<input type="checkbox"/> Hispanic Includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.	

B. Sex

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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C. Age Group

<input type="checkbox"/> Under 18	<input type="checkbox"/> 40 and over
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How did you learn of this position?

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Job Bulletin
<input type="checkbox"/> Job Fair	<input type="checkbox"/> Referral Agency
<input type="checkbox"/> City of Carlisle Web Site	<input type="checkbox"/> City of Carlisle Employee
<input type="checkbox"/> Other	

I understand that I am protected by various laws prohibiting discrimination on the basis of race, color, national origin, religion, age (if over the age of 40) and, in some circumstances, disability or veteran status. I further understand that the information contained in this form is used solely in equal employment record-keeping, reporting and other legal requirements. I also understand that this information will be kept in the strictest of confidence and will not be disclosed to others except for the above-stated purposes and then only if necessary.

Signature	Date
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