



City of Carlyle 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 orientation, or any other legally protected status.

(PLEASE PRINT)

Position Applied For:		Date of Application:	
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Applicant Information:

Last Name:		First Name:		M.I.:	
Address:					
City:		State:		Zip Code:	
Cell Phone Number:		Home Phone Number:			
E-Mail Address:					
Social Security Number:		Driver's License Number:			

If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes _____ No _____
Have you ever filed an application with us before?	Yes _____ No _____
If Yes, what position? _____ When? _____	
Have you ever been employed with us before?	Yes _____ No _____
If Yes, what position? _____ When? _____	
May we contact your present employer? <i>If yes, please sign the attached authorization release form.</i>	Yes _____ No _____
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i>	Yes _____ No _____
On what date would you be available for work?	
Are you available to work: Full Time _____ Part Time _____ Shift Work _____ Temporary _____	
Are you currently on "lay-off" status and subject to recall?	Yes _____ No _____
Can you travel if a job requires it?	Yes _____ No _____
Have you been convicted of a felony within the last 7 years? <i>Conviction will not necessarily disqualify an applicant from employment.</i>	Yes _____ No _____
If Yes, please explain:	



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<i>Education:</i>				
	Name & Address of School	Course of Study	Years Completed	Diploma Degree
High School:				
College:				
Graduate School:				
Vocational or Other Training:				
Continuing Education:				

Describe any specialized training, apprenticeship, skill and extra-curricular activities.

Describe any job-related training received in the United States Military.



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Employment Experience:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:		Dates Employed	
		From:	To:
Phone Number:			
Address:			
Job Title:			
Supervisor:			
Reason for Leaving:			
Work Performed:			

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		From:	To:
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		From:	To:
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Employer:		Dates Employed	
		From:	To:
Phone Number:			
Address:			
Job Title:			
Supervisor:			
Reason for Leaving:			
Work Performed:			

List professional, trade, business or civic activities and offices held. <i>You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:</i>



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Additional Information:

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences.

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants:

Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

Yes _____

A description of the activities involved in such a job or occupation is attached.

No _____

References:

Please list three professional references.

Name:		Company:	
Phone Number:		Relationship:	
Name:		Company:	
Phone Number:		Relationship:	
Name:		Company:	
Phone Number:		Relationship:	



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Applicant's Statement:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

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. 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:	
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FOR OFFICE USE ONLY:

Arrange Interview:	Yes _____ No _____	Interview Date:	
Remarks:			

FOR OFFICE USE ONLY:

Employed:	Yes _____ No _____	Hourly Rate/Salary:		Date of Employment:	
Department:					
Job Title:					

NOTES: