



# BOROUGH OF CARLISLE

"Committed to Excellence in Community Service"

## Personal Information

Full Name:				Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Address:					
			<i>Apt #</i>		
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>		
Phone:	( )	E-mail Address:			

## Position

Position Applied For:						
Date Available:		Salary Desired: \$	Type of Work Desired:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Hours per week
How were you referred to the Borough?						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked or volunteered for Borough of Carlisle?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Position Title & Dates:			
Supervisor's Name:			Reason For leaving:			
If applying for a position that requires driving, do you hold a valid Pennsylvania Driver's License? Applicants for positions involving the operation of a motor vehicle may be required to submit to a Motor Vehicles Report.				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If no, are you able to obtain one?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
List any special licenses or endorsements:						

## References

Please list three professional references

Full Name:		Relationship:	
Company:		Telephone Number:	( )
Address:			
Email address:			
Full Name:		Relationship:	
Company:		Telephone Number:	( )
Address:			
Email address:			
Full Name:		Relationship:	
Company:		Telephone Number:	( )
Address:			
Email Address:			

## Educational Background

<b>High School:</b>				Address:				
<b>From:</b>		<b>To:</b>		<b>Did you graduate?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Degree:</b>	
<b>College:</b>				Address:				
<b>From:</b>		<b>To:</b>		<b>Did you graduate?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Degree:</b>	
<b>Graduate School:</b>				Address:				
<b>From:</b>		<b>To:</b>		<b>Did you graduate?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Degree:</b>	
<b>Technical School:</b>				Address:				
<b>From:</b>		<b>To:</b>		<b>Did you graduate?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Diploma /Degree:</b>	
<b>License / Certificate:</b>				<b>Date:</b>			<b>Number:</b>	
<b>Professional Registration:</b>				<b>Date:</b>			<b>Number:</b>	

## General

<b>Subjects of Special Study or Research Work:</b>			
<b>Special Training:</b>			
<b>Skills &amp; Abilities:</b>			
<b>List any Awards/Honors:</b>			
<b>Are you able to perform the tasks for which you are being considered with or without an accommodation?</b>	<b>WITH</b> <input type="checkbox"/>	<b>WITHOUT</b> <input type="checkbox"/>	
<b>How would you perform the tasks and with what accommodations?</b>			

## Military Service

<b>Have you ever served in the US Armed Forces?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>If yes, what branch?</b>	
<b>Dates of Duty:</b>	<b>From:</b>		<b>To:</b>	<b>Rank at Discharge</b>
<b>Present membership in National Guard or Reserves:</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
<b>List duties including any special training:</b>				

# Employment

Company:		Phone:	( )		
Address:		Supervisor:			
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Duties Performed:					
From:		To:		Reason for leaving:	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:		
Company:		Phone:	( )		
Address:		Supervisor:			
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Duties Performed:					
From:		To:		Reason for leaving:	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:		
Company:		Phone:	( )		
Address:		Supervisor:			
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Duties Performed:					
From:		To:		Reason for leaving:	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:		
Company:		Phone:	( )		
Address:		Supervisor:			
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Duties Performed:					
From:		To:		Reason for leaving:	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:		
Company:		Phone:	( )		
Address:		Supervisor:			
Job Title:		Starting Salary:	\$	Ending Salary:	\$
Duties Performed:					
From:		To:		Reason for leaving:	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, please explain:		

**Authorization**

Have you ever been convicted of a crime to include all felonies and misdemeanors?  
Serious driving offences such as DWI/DUI or reckless driving should be listed.

YES

NO

If yes, please describe in full:

*\*Note: You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.*

Under Pennsylvania Law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar as a condition of employment or continued employment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

‘I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and pertinent information that may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary be terminated at any time without prior notice.’

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

“We are an equal opportunity employer, we do not discriminate on the basis of race, religion, color, sex, age, national origin, sexual orientation or disability.”