

City of New Castle Employment Application

Programs, services and employment are available equally to everyone. Please inform us if you require reasonable accommodation for the application or interview.



Position Applied For: _____

Date: ___ / ___ / ___

How were you referred to us?

- Walk In Referred by: _____
 Advertisement on: _____

APPLICANT DATA:

Full Name: _____
LAST FIRST MIDDLE

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Mobile/Other Phone: () _____ E-Mail Address: _____

Date available to start: ___/___/___ Social Security #: _____ - _____ - _____ Salary Requirement: \$ _____

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Have you ever worked for this company? Yes No If yes, when? _____

Are you legally eligible for employment in the United States? Yes No (If offered employment, you will be required to provide documentation to verify eligibility.)

Type of employment desired: Full-time Part Time Temporary Seasonal

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? Yes No If yes, give dates and details: _____

(Answering yes to these questions does not constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be consideration.)

Driver's license number if applicable to position: _____ State: _____

EDUCATION:

High School: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

College/University _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

Other: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree: _____

PROFESSIONAL LICENSE, CERTIFICATIONS OR MEMBERSHIP:

Type of License(s) Held: _____

Type of Certification(s) Held: _____

Other Professional Memberships: _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status).

REFERENCES:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: _____ Phone: () _____

Address: _____ City: _____ State: ____ Zip: _____

Name: _____ Phone: () _____

Address: _____ City: _____ State: ____ Zip: _____

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Title: _____ Ending Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____
Firm: _____ Address: _____
Phone: () _____ Supervisor: _____ Title: _____
Responsibilities: _____
Starting Title: _____ Ending Title: _____
Reason for Leaving: _____
May we contact this employer for reference? Yes No

Dates of Employment: From ___/___/___ To ___/___/___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: () _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Title: _____ Ending Title: _____

Reason for Leaving: _____

May we contact this employer for reference? Yes No

City of New Castle is an equal opportunity employer. City of New Castle does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for City of New Castle to hire me. If I am hired, I understand that either City of New Castle 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 New Castle has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to City of New Castle true and complete information on this application. No requested information has been concealed. I authorize City of New Castle 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.

Signature of Applicant: _____ Date: _____