

City of New Castle, Indiana
An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

- Instructions: 1. Please type or print legibly in black ink.
 2. All areas must be completed for consideration.
 3. Return completed form to the Director of Personnel by the closing date.

POSITION TITLE(S) INTERESTED IN:

DEPARTMENT(S) INTERESTED IN:

POSTING NUMBER:

Applicant Personal Information

Name of Applicant (last, first, middle) (For office use only) ID #

Mailing Address (number and street)

City: County: State: Zip Code:

Date of Birth: (MMDDCCYY) (If under 18 years) Highest Education Level:

U.S. Citizen? Yes No Area Code and Telephone: Additional Telephone:
 If No, enter Visa Type: Visa #: () ()

The City is requesting your Social Security Number to accomplish statutory hiring purposes. Disclosure is required, this form cannot be processed without it. Social Security Number:

Mark the types of employment acceptable to you: Full-time Part-time Temporary

Have you ever worked for the City of New Castle before? Last Department Separation Date Reason for Leaving
 No Yes

List below all High Schools, Colleges, Universities and/or trade schools attended. A copy of transcripts may be required at the time of interview.

Name/Location of School	From (MO/YR)	To (MO/YR)	Fields of Study	Number of Semester hours completed	Number of Quarter hours completed	Diploma (GED) or type of degree

Specialized Training or Classes Relevant to the Job

Title of Specialized Courses	Company/School	Dates Attended	Credits Earned

Criminal Record

Have you ever been convicted of a crime, other than minor traffic offenses? Yes No
 If yes, provide information regarding the conviction (offense, date, sentence) on a separate attached sheet.

Professional Certification

Are you currently certified, registered, or licensed in any profession in Indiana, Henry County, or New Castle? (If yes, give complete information, including any license or registration number, and attach a copy of certificate if related to the position for which you are applying).	License of Registration Number	Date of Issue	Expiration Date

Yes No

Work Experience

1. List below, beginning with your most recent position, all your work experience, including military service and volunteer activities. Attach additional 8-1/2" X 11" sheets of paper if necessary.
2. If your title and duties changed substantially in the course of your service in any one organization, indicate such changes clearly and as separate employment.
3. **Please do not submit a resume for this portion of the application.**

Title of present or previous job:	From: (MMDDYY)	To (MMDDYY)	Approximate number of hours worked per week:
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Name of employer/Organization and address (number and street, city, state, zip code)	Telephone number (area code)
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Name of supervisor/title:	Number and job types of employees you supervised (if any).
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Describe the duties of your position in order of importance. Indicate what machinery, office equipment and/or computer software you used.

Reason for leaving:	Final Salary Per
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Title of present or previous job:	From: (MMDDYY)	To (MMDDYY)	Approximate number of hours worked per week:
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Name of employer/Organization and address (number and street, city, state, zip code)	Telephone number (area code)
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Describe the duties of your position in order of importance. Indicate what machinery, office equipment and/or computer software you used.

Reason for leaving:	Final Salary
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	Per	
Have you ever been discharged by an employer: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list each type of drivers license you possess:		
Type	State of Issue	License number
Type	State of Issue	License number
Type	State of Issue	License number
Do you have any relatives working for the City of New Castle? (If yes, please list names) <input type="checkbox"/> Yes <input type="checkbox"/> No		
References (Please do not list relatives as references)		
Name of Reference:	Area Code and telephone number	
Address (number and street, city, state, zip code)		
Name of Reference:	Area Code and telephone number	
Address (number and street, city, state, zip code)		
Name of Reference:	Area Code and telephone number	
Address (number and street, city, state, zip code)		
Name of Reference:	Area Code and telephone number	
Address (number and street, city, state, zip code)		
Certificate of Applicant and Authorization of Reference and/or Employment Verification		
I certify that there are no misrepresentations in or falsifications of these statements and answers. I am aware that should investigations disclose such, my application may be disqualified, my name removed from all eligible lists, and my future applications may not be accepted. I am also aware that falsification of this application, or any accompanying data, may result in my dismissal from any position with the City of New Castle. I understand that this application form supercedes any other application forms that I have previously submitted to the City of New Castle. I authorize any person, agency, partnership, or corporation having any information concerning my background, educational record, or employment record to release such information. This is to be used for possible employment with the City of New Castle, Indiana.		
Signature of Applicant		Date Signed

FOR PERSONNEL USE ONLY

Eligible for Hire Not Eligible for Hire (state reasons):

Interview History List position title interviewed for	Date of interview	Interviewed By:	Comments from Interviewer

City of New Castle, Indiana

Applicant's Request/Waiver to Release Information

I hereby authorize the release to the City of New Castle, Indiana, a municipal employer, information held by parties regarding my previous employment, conviction history, credit history, driving history, education or degrees earned and hereby release any providers of such information from any liability for providing the same. I understand this information may be reviewed by the City of New Castle, my prospective employer, prior to or during actual employment. I understand this information is to be utilized as part of the employment process only and will not be shared with any persons or outside entities not involved in the selection process. I also authorize investigation into my Worker's Comp claim history if a conditional offer of employment is made to me, in compliance with ADA guidelines, so as to assure I am not being offered a position which could aggravate a previous injury. I hereby acknowledge that the City of New Castle is relying on third party information and cannot vouch for the accuracy of any such information. I therefore release the City of New Castle from any and all liability arising out of any errors or omissions regarding this investigation into my background, and authorize the City of New Castle to proceed with this investigation.

Signature: _____ Date: _____

STATE OF INDIANA)
) SS:
 COUNTY OF HENRY)

Subscribed and sworn to before me, a Notary Public, in and for said County and state this _____ day of _____, 20_____.

My Commission Expires:

 Notary Public

 Printed

_____ County of Residence