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*To use the Fill, Sign and Submit tools to complete a form, save it to your computer, and open it with Acrobat Reader.*

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Salary
Position Applied for			
Are you a citizen of the United States?	YES <input type="radio"/>	NO <input type="radio"/>	
If no, are you authorized to work in the U.S.?	YES <input type="radio"/>	NO <input type="radio"/>	
Have you ever worked for this company?	YES <input type="radio"/>	NO <input type="radio"/>	
If so, when?			

EDUCATION			
High School		Address	
From	To	Did you graduate?	YES <input type="radio"/> NO <input type="radio"/> Degree
College		Address	
From	To	Did you graduate?	YES <input type="radio"/> NO <input type="radio"/> Degree
Other		Address	
From	To	Did you graduate?	YES <input type="radio"/> NO <input type="radio"/> Degree

REFERENCES - Please list three professional references.	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

CURRENT/PREVIOUS EMPLOYMENT		
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="radio"/> NO <input type="radio"/>		
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="radio"/> NO <input type="radio"/>		
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="radio"/> NO <input type="radio"/>		

MILITARY SERVICE		
Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**AUTHORIZATION**

*"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 and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.*

*I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.*

*This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans of Disabilities Act (ADA) and other relevant federal and state laws."*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

**COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NEATNESS: \_\_\_\_\_

CHARACTER: \_\_\_\_\_

PERSONALITY: \_\_\_\_\_

ABILITY: \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

HIRED \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

POSITION \_\_\_\_\_ WORK DATE \_\_\_\_\_

HOURLY WAGE \_\_\_\_\_ BI-WEEKLY SALARY \_\_\_\_\_

**APPROVAL:**

DEPT HEAD \_\_\_\_\_ DATE \_\_\_\_\_

MANAGER \_\_\_\_\_ DATE \_\_\_\_\_

CITY MANAGER \_\_\_\_\_ DATE \_\_\_\_\_