

# TOWN OF CARMEL – RECREATION AND PARKS DEPARTMENT

## Employment Application

Please **TYPE** or **PRINT** clearly. *This application must be completed and signed personally by the applicant.* Each question must be answered in full. If answer is NO or NONE, indicate such.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, physical or mental disability, marital status, veteran status, or any other legally protected status or class.

Date of Birth (required for Summer Staff) \_\_\_\_\_

|  |                                 |
|--|---------------------------------|
| Name (First, Middle, Last)                             | Social Security Number          |
| Address  | Phone Number: Home/Cell/College |
| City <span style="float: right;">State      Zip</span> | Position Applied For            |

|   |  |
|---|--|
| Are you currently employed?<br>If yes, may we contact your employer to obtain employment information?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been employed with the Town of Carmel Recreation and Parks Department before?<br>If yes, give dates From ____/____/____ To ____/____/____   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Are you legally eligible for employment in the United States?<br><i>Employment eligibility verification will be required upon employment.</i>   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| If you are under 18 years of age, can you provide required proof of your eligibility to work [Working Papers]?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not Applicable                  |
| If you have been provided with a job description for the position for which you are applying, are you able to perform the essential functions of the position with or without reasonable accommodation? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Not Applicable                  |

| Type of School Attended                 | Name and Location of School | Number of Years Completed<br><small>(do not give dates)</small> | Course of Study | Diploma or Degree Obtained |
|---|-----------------------------|---|-----------------|----------------------------|
| High School<br>or<br>Preparatory School |                             |   |                 |                            |
| College                                 |                             |   |                 |                            |

|  |   |
|--|---|
| List certificates ( <i>including CPR, WSI, First Aid</i> ), licenses ( <i>including driver license</i> ) that would support your qualifications for employment:<br><br>If you are applying for a position which requires a Driver License, provide Driver License Number here: _____ | List your hobbies and extracurricular activities as they relate to a recreation program. Also include the areas that you are qualified to instruct: |
|--|---|

**References: Two of the three MUST be in writing and ALL must be by a non-relative over 21 years of age.**  
**Note: The two letters of reference must be attached to the application at time of submittal.**

|   |              |
|---|--------------|
| Name/Occupation   | Phone Number |
| Address <span style="float: right;">City      State      Zip</span> | Years Known  |
| Name/Occupation   | Phone Number |
| Address <span style="float: right;">City      State      Zip</span> | Years Known  |
| Name/Occupation   | Phone Number |
| Address <span style="float: right;">City      State      Zip</span> | Years Known  |

| Present or Last Employer   |                              |                        |
|--|------------------------------|------------------------|
| Name of Employer   | Phone Number                 |                        |
| Address  | City                         | State Zip              |
| Employment Dates (Month/Year)  | Salary                       |                        |
| Title of Position  | Name and Title of Supervisor |                        |
| Description of duties, responsibilities and significant accomplishments  |                              |                        |
| Reason for leaving   |                              |                        |
| Next Previous Employer   |                              |                        |
| Name of Employer   | Phone Number                 |                        |
| Address  | City                         | State Zip              |
| Employment Dates (Month/Year)  | Salary                       |                        |
| Title of Position  | Name and Title of Supervisor |                        |
| Description of duties, responsibilities and significant accomplishments  |                              |                        |
| Reason for leaving   |                              |                        |
| Next Previous Employer   |                              |                        |
| Name of Employer   | Phone Number                 |                        |
| Address  | City                         | State Zip              |
| Employment Dates (Month/Year)  | Salary                       |                        |
| Title of Position  | Name and Title of Supervisor |                        |
| Description of duties, responsibilities and significant accomplishments  |                              |                        |
| Reason for leaving   |                              |                        |
| Conviction Record Status   |                              |                        |
| Have you ever been convicted of and/or plead guilty to a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                              |                        |
| Have you been convicted of and/or plead guilty to a misdemeanor within the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                              |                        |
| If you answered 'yes' to either question, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. <b>Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the Town of Carmel.</b> The nature of the violation and all other appropriate circumstances will be considered. The Town reserves the right to reject individuals for employment based on job-related convictions. |                              |                        |
| Date   | County/State                 | Conviction/Explanation |

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form. I also authorize investigation of my employment record and references, 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 be terminated at any time, subject to applicable federal, state and/or local regulations.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_