

TOWN OF CARMEL – RECREATION AND PARKS DEPARTMENT

Employment Application

This application must be completed and signed personally by the applicant. Please **TYPE** your answers in the highlighted fields. **PRINT** the completed application. **SIGN** and date. **ATTACH** your (2) written letters of reference. **SUBMIT** to the Recreation Office. 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.

Name (First, Middle, Last)	Position you are applying for
Address	Date available to begin working
City State Zip	Applicant Cell Phone Number
Date of Birth	Applicant Home Phone Number
Social Security Number	Applicant Email

Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, may we contact your employer to obtain employment information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with the Town of Carmel Recreation and Parks Department before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give dates From ____/____/____ To ____/____/____	
Are you legally eligible for employment in the United States? <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 <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 <input type="checkbox"/> Not Applicable

Type of School Attended	Name and Location of School	Number of Years Completed <i>(do not give dates)</i>	Course of Study	Diploma or Degree Obtained
High School or 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: 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:
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References: Two of the three MUST be in writing and ALL must be a non-relative over 21 years of age.
The TWO letters of reference MUST be attached to the application at time of submittal.

Name	Occupation	Phone Number
Address	City State Zip	Email Address
Name	Occupation	Phone Number
Address	City State Zip	Email Address
Name	Occupation	Phone Number
Address	City State Zip	Email Address

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. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the Town of Carmel. 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: _____