



# City of Newcastle Employment Application

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

|                         |                     |
|-------------------------|---------------------|
| POSITION(S) APPLIED FOR | DATE OF APPLICATION |
|-------------------------|---------------------|

HOW DID YOU LEARN ABOUT US?

- ADVERTISEMENT       FRIEND       WALK IN  
 EMPLOYMENT AGENCY       RELATIVE       OTHER \_\_\_\_\_

|                     |                        |                     |
|---------------------|------------------------|---------------------|
| LAST NAME           | FIRST NAME             | MIDDLE NAME         |
| _____               | _____                  | _____               |
| MAILING ADDRESS     | CITY                   | STATE      ZIP CODE |
| _____               | _____                  | _____               |
| TELEPHONE NUMBER(S) | SOCIAL SECURITY NUMBER |                     |
| HOME _____          | MOBILE _____           | _____               |
| EMAIL _____         | _____                  |                     |

If you are under 18 years of age, can you provide required proof of your eligibility to work? YES  NO

Do you have a valid driver's license? YES  NO

CDL  CLASS \_\_\_\_\_ STATE \_\_\_\_\_

Have you ever filed an application with us before? YES  NO

If yes, give date \_\_\_\_\_

Have you ever been employed with us before? YES  NO

If yes, give date \_\_\_\_\_

May we contact your present employer? YES  NO

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? Proof of citizenship will be required upon employment. YES  NO

On what date would you be available for work? \_\_\_\_\_

Are you available to work:       Full Time       Part Time       Shift Work       Temporary

Are you currently on "Lay off" status and subject to recall? YES  NO

Can you travel if a job requires it? YES  NO

Have you been convicted of a felony within the last 7 years? YES  NO

# EDUCATION

| NAME & ADDRESS OF SCHOOL | COURSE OF STUDY | YEARS COMPLETED | DIPLOMA/DEGREE |
|--------------------------|-----------------|-----------------|----------------|
| ELEMENTARY SCHOOL        |                 |                 |                |
| HIGH SCHOOL              |                 |                 |                |
| UNDERGRADUATE COLLEGE    |                 |                 |                |
| GRADUATE PROFESSIONAL    |                 |                 |                |
| OTHER (SPECIFY)          |                 |                 |                |

## INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE

|       | FLUENT | GOOD | FAIR |
|-------|--------|------|------|
| SPEAK |        |      |      |
| READ  |        |      |      |
| WRITE |        |      |      |

## DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS & EXTRA-CURRICULAR ACTIVITIES

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## DESCRIBE ANY JOB-RELATED TRAINING RECEIVED IN THE UNITED STATES MILITARY

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# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

|                     |                    |            |                |
|---------------------|--------------------|------------|----------------|
| 1. EMPLOYER         | DATES EMPLOYED     |            | WORK PERFORMED |
|                     | FROM               | TO         |                |
| ADDRESS             | HOURLY RATE/SALARY |            |                |
|                     | STARTING           | FINAL      |                |
|                     |                    |            |                |
| TELEPHONE NUMBER(S) |                    |            |                |
| JOB TITLE           |                    | SUPERVISOR |                |
| REASON FOR LEAVING  |                    |            |                |

|                     |                    |            |                |
|---------------------|--------------------|------------|----------------|
| 2. EMPLOYER         | DATES EMPLOYED     |            | WORK PERFORMED |
|                     | FROM               | TO         |                |
| ADDRESS             | HOURLY RATE/SALARY |            |                |
|                     | STARTING           | FINAL      |                |
|                     |                    |            |                |
| TELEPHONE NUMBER(S) |                    |            |                |
| JOB TITLE           |                    | SUPERVISOR |                |
| REASON FOR LEAVING  |                    |            |                |

|                     |                    |            |                |
|---------------------|--------------------|------------|----------------|
| 3. EMPLOYER         | DATES EMPLOYED     |            | WORK PERFORMED |
|                     | FROM               | TO         |                |
| ADDRESS             | HOURLY RATE/SALARY |            |                |
|                     | STARTING           | FINAL      |                |
|                     |                    |            |                |
| TELEPHONE NUMBER(S) |                    |            |                |
| JOB TITLE           |                    | SUPERVISOR |                |
| REASON FOR LEAVING  |                    |            |                |

|                     |                    |            |                |
|---------------------|--------------------|------------|----------------|
| 4. EMPLOYER         | DATES EMPLOYED     |            | WORK PERFORMED |
|                     | FROM               | TO         |                |
| ADDRESS             | HOURLY RATE/SALARY |            |                |
|                     | STARTING           | FINAL      |                |
|                     |                    |            |                |
| TELEPHONE NUMBER(S) |                    |            |                |
| JOB TITLE           |                    | SUPERVISOR |                |
| REASON FOR LEAVING  |                    |            |                |

**LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES  
AND OFFICES HELD.**

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

**ADDITIONAL INFORMATION**

**OTHER QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment or other experience.

**SPECIALIZED SKILLS: Check Skills/Equipment Operated**

|                                     |                                  |                         |                     |
|-------------------------------------|----------------------------------|-------------------------|---------------------|
| <input type="checkbox"/> PC         | <input type="checkbox"/> EXCEL   | <b>MOBILE MACHINERY</b> | <b>OTHER (LIST)</b> |
| <input type="checkbox"/> CALCULATOR | <input type="checkbox"/> WORD    | _____                   | _____               |
| <input type="checkbox"/> TYPEWRITER | <input type="checkbox"/> SCANNER | _____                   | _____               |
| <input type="checkbox"/> FAX        | <input type="checkbox"/> COPIER  | _____                   | _____               |

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION

**Note to applicants:** DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodations, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes     No

## REFERENCES

1. NAME \_\_\_\_\_ PHONE NUMBER(S): \_\_\_\_\_

ADDRESS \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE NUMBER(S): \_\_\_\_\_

ADDRESS \_\_\_\_\_

3. NAME \_\_\_\_\_ PHONE NUMBER(S): \_\_\_\_\_

ADDRESS \_\_\_\_\_

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that, unless otherwise defined by applicable law, any employment relations with this organization is an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

