



55 4th Avenue SE, Carmel, IN 46032

Application for Employment

Personal Information

Position desired _____ Date you would be able to start _____

Name _____ Phone# _____
 (Last) (First) (Middle)

Address _____ Email _____
 (Street) (City) (zip code)

How were you referred to us? _____

Are you 18 years of age or older? Yes No Are you legally eligible to work in the United States? Yes No

Are you available to work:

Weekdays/daytime hours? Yes No Saturday? Yes No
 Weekdays/evening hours? Yes No Sunday afternoon? Yes No

Have you ever been convicted of any crime or violation of law or statute that has not been expunged by a court?*

Yes No If yes, please explain _____

**Candidates selected for probable employment who are 18 or older will be required to provide a satisfactory criminal history report from the Indiana State Police as a condition of employment.*

Education

	Name and Location of School	Number of Years Attended	Degree Received	Subjects Studied/ Major
High School				
College or University				
Trade, Business or Correspondence School				

Do you hold any license or professional certification? If yes, please specify _____

Related Skills/Experience - Volunteer experience or other applicable experience, activities, or skills.

Professional Associations - Memberships and accomplishments (if applicable).

Employment for last 10 years

Please list current or most recent employment first. Attach additional sheet if necessary.

Employer _____

From _____ To _____ Full time Part time Pay Rate \$ _____ per _____
(month/year) (month/year)

Address _____

Position title _____ Supervisor's name and title _____

Briefly describe duties _____

Reason for leaving _____

If currently employed, may we contact this employer? Yes No

Employer _____

From _____ To _____ Full time Part time Pay Rate \$ _____ per _____
(month/year) (month/year)

Address _____

Position title _____ Supervisor's name and title _____

Briefly describe duties _____

Reason for leaving _____

Employer _____

From _____ To _____ Full time Part time Pay Rate \$ _____ per _____
(month/year) (month/year)

Address _____

Position title _____ Supervisor's name and title _____

Briefly describe duties _____

Reason for leaving _____

Please explain any gaps in employment _____

Work-related references - (please provide three)

Name _____ Title/Company _____ Phone _____

Name _____ Title/Company _____ Phone _____

Name _____ Title/Company _____ Phone _____

I hereby certify that the information in the above employment application is accurate and complete to the best of my knowledge and authorize CCPL to verify its accuracy and to obtain reference information on my work performance. I understand that, if employed, falsified statements or omission of facts on this application shall be cause for my dismissal.

(signature) (date)

THIS APPLICATION IS VALID FOR 90 DAYS FROM THE DATE SIGNED

This Employer Participates in E-Verify



E-Verify™



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA