



Employment Application

NOTICE:

1. **TO BE CONSIDERED FOR TOWN EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.**
2. THE TOWN EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT
3. MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR STATE EMPLOYMENT (G.S. 143B-421.1). SEE AVAILABILITY BLOCK.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:

1. COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
2. GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY (“SEE RESUME” IS NOT ACCEPTABLE.)
3. LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
4. CHECK FOR ACCURACY, SIGN AND DATE YOU APPLICATION.

THANK YOU FOR YOUR INTEREST IN LOCAL GOVERNMENT. THE TOWN WANTS TO FIND THE BEST-QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

GENERAL INFORMATION			Date of Application _____
Last Name	First Name	Middle Name	Social Security Number
Address (Street number and name)		City	County
State	Zip Code	Phone (Home or where you can be reached)	Business Phone
Availability Do you now work for the Town? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you related by blood or marriage to any person now working for the Town? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name, relationship to you and the agency where employed.		If subject to Military Selective Service registration, certify compliance by initialing dotted line
Military Service Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you wish to declare a service-connected disability? <input type="checkbox"/> YES <input type="checkbox"/> NO At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you wish to declare eligibility for veteran’s preference as the spouse of a disabled veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO Give dates of your (or spouse’s) qualifying active military service: Entered: _____ Separated: _____ Branch: _____ Rank: _____ Are you a member of the Military Reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO Branch: _____ Rank: _____			
AGENCY USE ONLY: ELIGIBILITY FOR VETERAN’S PREFERENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO			
CHECK the types of work you will accept: <input type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time <input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving travel <input type="checkbox"/> 7. Weekends If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____			
Position Applied For Enter below the specific title(s) of the job for which you are applying. _____			

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (mo/yr)		Grad?	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
		From:	To:				
High School				YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.				YES <input type="checkbox"/> NO <input type="checkbox"/>			

Special training programs and seminars you have completed in the last five years (list):

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:

Current professional status: (List fields of work for which you have been registered)

Registration: _____ State: _____ No. _____

Registration: _____ State: _____ No. _____

Membership in professional, honorary, or technical societies (list):

DO NOT COMPLETE THIS BLOCK**DEGREES AND PROFESSIONAL CREDENTIALS**

- Have been verified
 Will be verified within 90 days (G.S. 126-30)
 Person Responsible: _____

Licenses and certifications (List, giving dates and sources of issuance):

SKILLS

CHECK the following skills, experiences, etc., which you have:

- | | | |
|--|---|--|
| <input type="checkbox"/> Driver's License _____
Number State | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Legal transcription |
| <input type="checkbox"/> Chauffeur's License _____
Number State | <input type="checkbox"/> Foreign language (specify) _____ | <input type="checkbox"/> Medical transcription |
| <input type="checkbox"/> Car for use at work | <input type="checkbox"/> Adding Machine/calculator | <input type="checkbox"/> Braille |
| | <input type="checkbox"/> Typing (specify WPM) _____ | <input type="checkbox"/> Word Processing |
| | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> Other _____ |

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) YES NO (If yes, explain fully on an additional sheet.)

WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary				
Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	
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Part Time Years Months				
If part time, number of hours worked per week:				

REFERENCES (Please list three references below)

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Name:	Relationship (Past employer, etc.):
Telephone Number:	

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Telephone Number:	

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Telephone Number:	

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (AUTHORITY: G.S. 126-30, G.S. 14-122.1.)

Signature of Applicant (unsigned applications will not be processed)

Date

Date : _____



Boonville

Crossroads of the Yadkin Valley

Invitation to Identify

The Personnel Department will ensure that this record will be used for appropriate statistical and recording purposes only. Town policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupation qualification for a small number of jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population. Answers to the following questions are strictly **voluntary**, and the information is destroyed after statistical information is recorded.

Position Applied for: _____

<p>Date of Birth</p> <p>____/____/____</p> <p>(mo.) (day) (year)</p> <p>Check One</p> <p>SEX <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>(male) (female)</p>	<p>DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A.</p> <p>The reporting of a disability is strictly VOLUNTARY. Persons with disabilities who DO NOT WISH to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.</p> <table border="0"> <tr> <td>A <input type="checkbox"/> None/Prefer not to report</td> <td>G <input type="checkbox"/> Respiratory impairment</td> </tr> <tr> <td>B <input type="checkbox"/> Blind or severely visually impaired</td> <td>H <input type="checkbox"/> Nervous system/Neurological disorder</td> </tr> <tr> <td>C <input type="checkbox"/> Deaf or severely hearing impaired</td> <td>I <input type="checkbox"/> Mentally restored</td> </tr> <tr> <td>D <input type="checkbox"/> Loss of limited use of arms and/or hands</td> <td>J <input type="checkbox"/> Mental retardation</td> </tr> <tr> <td>E <input type="checkbox"/> Non-ambulatory (must use wheelchair)</td> <td>K <input type="checkbox"/> Learning disability</td> </tr> <tr> <td>F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</td> <td>L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)</td> </tr> <tr> <td></td> <td>M <input type="checkbox"/> Other (please specify) _____</td> </tr> </table>	A <input type="checkbox"/> None/Prefer not to report	G <input type="checkbox"/> Respiratory impairment	B <input type="checkbox"/> Blind or severely visually impaired	H <input type="checkbox"/> Nervous system/Neurological disorder	C <input type="checkbox"/> Deaf or severely hearing impaired	I <input type="checkbox"/> Mentally restored	D <input type="checkbox"/> Loss of limited use of arms and/or hands	J <input type="checkbox"/> Mental retardation	E <input type="checkbox"/> Non-ambulatory (must use wheelchair)	K <input type="checkbox"/> Learning disability	F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)	L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)		M <input type="checkbox"/> Other (please specify) _____
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<p>ETHNIC GROUP</p> <ol style="list-style-type: none"> <input type="checkbox"/> White (non-Hispanic) <input type="checkbox"/> Black (non-Hispanic) <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race) <input type="checkbox"/> Asian (including Pacific Islander) <input type="checkbox"/> American Indian (including Alaskan native) 															