

# APPLICATION FOR EMPLOYMENT

## TOWN OF NEWTON GROVE, NORTH CAROLINA

### INSTRUCTIONS TO APPLICANTS

**TO BE CONSIDERED FOR TOWN EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION.**

THE TOWN EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT. MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR TOWN EMPLOYMENT (G.S. 143B- 421.1). SEE AVAILABILITY BLOCK.

### WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
- APPLY FOR ONE VACANCY PER APPLICATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- PROVIDE ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN LOCAL GOVERNMENT. NEWTON GROVE, NORTH CAROLINA WANTS TO FIND QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

### EQUAL OPPORTUNITY INFORMATION

Town policy prohibits discrimination based on race, sex, color, creed, national origin, age, genetic information or disability. 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.

**DATE OF BIRTH:**      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
                                    (Month)      (Day)      (Year)

**GENDER:**      Male            Female     

### **ETHNIC GROUP:**

1.  White (non-Hispanic)
2.  Black (non-Hispanic)
3.  Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4.  Asian (including Pacific Islander)
5.  American Indian (including Alaskan native)



# TOWN OF NEWTON GROVE

## EMPLOYMENT APPLICATION AN EQUAL OPPORTUNITY EMPLOYER

*It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law.*

NAME (as it appears on your Social Security Card/Work Permit Card): \_\_\_\_\_ LAST 4 DIGITS OF SS#: \_\_\_\_\_

FIRST \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_

OTHER NAMES YOU HAVE USED: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
Number & Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
Home \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ REFERRAL SOURCE: \_\_\_\_\_

SALARY REQUIREMENTS: \$ \_\_\_\_\_ ARE YOU AT LEAST 18 YEARS OLD? YES  NO

CHECK THE TYPE WORK YOU WILL ACCEPT: Permanent Full-Time  Permanent Part-Time  Temporary Part-Time  Temporary Full-Time

ARE YOU AN IMMEDIATE FAMILY MEMBER OF A PRESENT TOWN EMPLOYEE? YES  NO  – If YES, please provide the following information:

NAME: \_\_\_\_\_ RELATIONSHIP TO YOU AND THE DEPARTMENT WHERE EMPLOYED: \_\_\_\_\_

<p>HAVE YOU EVER BEEN CONVICTED OF A FELONY? A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.</p> <p>NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p>If Yes, give location, date, charge and disposition of case(s) on a separate page.</p>	<p>LICENSE #: _____ STATE: _____</p> <p>EXPIRATION DATE: _____</p> <p>DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><input type="checkbox"/> CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C</p>	<p>CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?</p> <p>_____ _____ _____</p>
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## SELECTIVE SERVICE

Pursuant to chapter 143B of the North Carolina General Statutes, you are hereby required to register for Selective Service in order to be employed with the Town of Selma. Have you registered for Selective Service? YES  NO  If not, please indicate why:

I am a Female  Other: \_\_\_\_\_

## U.S. MILITARY HISTORY

If you have served in the U.S. Military, please provide the following information:

\_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Branch of Service Rank Type of Discharge Service Dates

### EDUCATION

Please give your complete education history.

High School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Have you received a high school diploma or equivalent? YES  NO  Highest school year completed (1-12): \_\_\_\_\_

EDUCATIONAL LEVEL	NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DEGREE	MAJOR
Education Beyond High School	_____ _____	_____	_____	_____
Business College or University	_____ _____	_____	_____	_____
Graduate, Professional, Other	_____ _____	_____	_____	_____

### COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	NAME OF SOFTWARE	YOUR PROFICIENCY WITH THE SOFTWARE
Word Processing		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar

### LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES AND CERTIFICATIONS (JOB RELATED)	TYPES OF LICENSES AND CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO/YR

PROFESSIONAL, SCHOLASTIC AND OTHER ORGANIZATIONS (JOB RELATED)	HONORS/AWARDS RECEIVED (JOB RELATED) AND DATES

### JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

## EMPLOYMENT HISTORY

This portion of the application must include a minimum of a 10-year work history and must be completed even if supplemented by a Resume. List your most recent employer first including U.S. Military Service and unpaid or volunteer work. Base Salary does not include overtime, bonuses or commissions.

EMPLOYER'S NAME (PRESENT OR MOST RECENT):		ADDRESS:		PHONE:
JOB TITLE:		SUPERVISOR'S NAME:		NUMBER EMPLOYEES SUPERVISED BY YOU
DATE EMPLOYED (month/year)	STARTING SALARY \$ _____ per _____	CURRENT/LAST SALARY \$ _____ per _____	OTHER COMPENSATION (Bonuses, etc.) \$ _____ per _____	
DATE SEPARATED (month/year)	FULL-TIME: YEARS / MONTHS _____	PART-TIME: YEARS / MONTHS _____	IF PART-TIME # OF HOURS WORKED / WEEK _____	

REASON FOR LEAVING OR DESIRE TO LEAVE: \_\_\_\_\_

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER'S NAME (PRESENT OR MOST RECENT):		ADDRESS:		PHONE:
JOB TITLE:		SUPERVISOR'S NAME:		NUMBER EMPLOYEES SUPERVISED BY YOU
DATE EMPLOYED (month/year)	STARTING SALARY \$ _____ per _____	CURRENT/LAST SALARY \$ _____ per _____	OTHER COMPENSATION (Bonuses, etc.) \$ _____ per _____	
DATE SEPARATED (month/year)	FULL-TIME: YEARS / MONTHS _____	PART-TIME: YEARS / MONTHS _____	IF PART-TIME # OF HOURS WORKED / WEEK _____	

REASON FOR LEAVING OR DESIRE TO LEAVE: \_\_\_\_\_

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMPLOYER'S NAME (PRESENT OR MOST RECENT):		ADDRESS:		PHONE:
JOB TITLE:		SUPERVISOR'S NAME:		NUMBER EMPLOYEES SUPERVISED BY YOU
DATE EMPLOYED (month/year)	STARTING SALARY \$ _____ per _____	CURRENT/LAST SALARY \$ _____ per _____	OTHER COMPENSATION (Bonuses, etc.) \$ _____ per _____	
DATE SEPARATED (month/year)	FULL-TIME: YEARS / MONTHS _____	PART-TIME: YEARS / MONTHS _____	IF PART-TIME # OF HOURS WORKED / WEEK _____	

REASON FOR LEAVING OR DESIRE TO LEAVE: \_\_\_\_\_

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY**

*Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ATTACH ADDITIONAL PAGE IF NECESSARY)

**REFERENCES**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

(No Relatives or Supervisors Previously Noted Under Employment History)

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

(No Relatives or Supervisors Previously Noted Under Employment History)

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

(No Relatives or Supervisors Previously Noted Under Employment History)

**EMERGENCY CONTACT**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

## AUTHORIZATION AND AGREEMENT

I HEREBY AUTHORIZE YOU TO CONTACT: MY PRESENT EMPLOYER(S): YES  NO   
MY PAST EMPLOYER(S): YES  NO

As part of our normal procedure in processing applications, a routine inquiry will be made concerning your background. Former employers, school record offices and personal, school and employment references may be contacted by a consumer reporting agency to verify and obtain information concerning your background, qualifications, school and work records. You may also be asked to sign another form authorizing the release of school records or to supply grade transcripts. Information gathered about your background and qualifications will be used to help make a fair employment decision. This information will only be available to those participating in this decision or those who process employment applications. As part of this investigation, a check of criminal records will also be conducted by a consumer reporting agency. This agency may keep and use information it supplies to us in this investigation for its own business purposes. Further information such as the name of the consumer reporting agency or the nature and scope of such inquiry, if one is made, is available to you upon written request. You will also be given a separate disclosure and authorization to review and sign concerning any reports prepared about your background for us by a consumer reporting agency that compiled the report.

I hereby authorize the employer, its representatives, employees or agents to conduct all pre-employment inquiries and tests as described. I further authorize the employer and its agents to verify all statements contained in this application and any other materials I submit in connection with my employment application. I agree to complete any requisite authorizations forms. I release the employer, its agents and all providers of information from any liability arising out of the gathering and use of such information. In the event of employment, this authorization and release is valid throughout my employment and a photocopy is as effective as the original.

I understand all offers of employment are conditional upon satisfactory reference checks, successful completion of all pre-employment tests and production of all documents necessary for the employer to verify my identity and work authorization in accordance with the requirements of the Immigration and Naturalization Services.

I certify the information provided in this application is true and complete to the best of my knowledge. I understand withholding pertinent information or submitting false or misleading information on this application, my resume, during interviews or at any other time during the hiring process constitutes valid grounds for disqualification from further consideration for hire or immediate dismissal from employment and loss of all employee benefits and privileges. I further understand and agree that the employer shall not be liable in any respect if my employment is so denied or terminated.

I understand the acceptance of this application by the employer neither expresses nor implies I will be offered employment. I understand my employment is at will and I may resign at any time for any reason. Any changes to this at-will employment agreement will not be valid unless in writing signed by me and a duly authorized representative of this employing organization.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.**

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_