

FORM #9

EMPLOYMENT APPLICATION

(CITY)(TOWN) OF TEACHEY, NORTH CAROLINA

WE CONSIDER APPLICANTS FOR VACANT POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS. IT IS THE RESPONSIBILITY OF EACH APPLICANT TO NOTIFY US IF ANY REASONABLE ACCOMODATIONS ARE NECESSARY TO ALLOW COMPLETION OF THE APPLICATION PROCESS.

(PLEASE PRINT)

Position Applied For		Date		
Last name	First Name	Middle name		
Address	Street	City	State	Zip Code
Telephone Number(s)	Drivers License	Social Security Number		
Home	No.			
Work	State			

(Please Circle One)

- Are you at least 18 years of age?
(If no, you must provide required proof of your eligibility to work.) Yes No
- Have you ever filed an application with us before?
If yes, give date _____ Yes No
- Have you ever been employed with us before?
If yes, give date _____ Yes No
- Are you currently employed? Yes No
- May we contact your present employer about your qualifications and work history? Yes No
- May we contact your previous employers about your qualifications and work history? Yes No
- Are you a male between the ages of 18 and 26?
If yes, have you registered for military service? (Proof is required.) Yes No
- Are you a citizen of the United States or are you legally authorized to work in the United States?
(Proof of citizenship or immigration status will be required prior to employment.) Yes No

Do you have any relative(s) employed by this municipality? Yes No
 If yes, please provide relative's name and department and indicate your relationship to that person: _____

Have you been convicted of an offense other than a minor traffic violation? Yes No
 If yes, please explain: _____

(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.)

Have you ever used a name other than the one shown on this application? Yes No
 If yes, please indicate name(s): _____

When would you be available to start work? _____

EDUCATION

Circle highest level 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

Name & Location	Dates Attended	Graduate?	Major & Degree (if applicable)
Elementary School		Yes No	
High School		Yes No	
College or University		Yes No	
Graduate or Professional		Yes No	
Business, Trade or Military		Yes No	
List any apprenticeships or vocational training:			
List any professional registrations, licenses or certifications:			
List any other training, classes, or workshops you have attended that are related to the position applied for:			
State any additional information you feel may be helpful to us in considering your application:			

SPECIAL SKILLS AND QUALIFICATIONS

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

Have you ever had any job related training in the United States military? Yes No

If yes, please describe

REFERENCES

Give name, address and telephone number of three (3) references who are not related to you and are not former employers.

1. _____

2. _____

3. _____

EMPLOYMENT EXPERIENCE

List below your entire work experience record. Start with your present or last position and work back in time. Include any military service assignments and any self-employment. Please account for periods of unemployment. Separate sheets with additional information may be attached. Resumes may also be attached.

1. Employer	Dates employed (give month and year) From To
Address	Telephone Number
Duties Performed	
Salary: Starting	Final
Job Title	Supervisor
Reason for Leaving	

2. Employer	Dates employed (give month and year)	
	From	To
Address	Telephone Number	
Duties Performed		
Salary:	Starting	Final
Job Title	Supervisor	
Reason for Leaving		

3. Employer	Dates employed (give month and year)	
	From	To
Address	Telephone Number	
Duties Performed		
Salary:	Starting	Final
Job Title	Supervisor	
Reason for Leaving		

4. Employer	Dates employed (give month and year)	
	From	To
Address	Telephone Number	
Duties Performed		
Salary:	Starting	Final
Job Title	Supervisor	
Reason for Leaving		

APPLICANT'S STATEMENT

<p>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 and release of pertinent information to the (City)(Town) of <u>TEACHEY</u> as may be necessary in arriving at an employment decision. In the event of my 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 (City)(Town) of <u>TEACHEY</u>.</p>	
Signature of Applicant _____	Date _____

FOR PERSONNEL DEPARTMENT USE ONLY
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Arrange interview?	Yes	No
Remarks: _____		

Employed?	Yes	No
Date of employment _____	Salary _____	
Job Title _____	Department _____	
Authorized by _____	Name and Title	Date

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

Information will be used for statistical purposes only

The (City)(Town) of TEACHEY prohibits discrimination based on race, sex, age, color, creed, religion, national origin, 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.

Position applied for: _____ Date: _____

How did you learn about the vacancy? (circle one)

Advertisement
Employment agency

Friend
Relative

Walk-in
Other

Date of Birth _____
Month Day Year

Sex M F
(Circle one)

Ethnic Group (Circle one)

White (Caucasian, non-Hispanic)

Black (African-American)

Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)

Asian (including Pacific Islander)

Native American (American Indian or Alaska native)

Are you an individual with a disability? Yes No (circle one)

If yes, please circle:

Visual impairment

Hearing impairment

Cardiovascular disorder

Emotional/mental disorder

Nervous system/neurological disorder

Respiratory impairment

Loss or impairment of limb(s)

Disabling disease (diabetes, arthritis, etc.)

Other _____

THIS INFORMATION SHEET MUST BE KEPT SEPARATE FROM THE APPLICATION FORM OR PROCESS. IT IS TO BE FILED IMMEDIATELY UPON RECEIPT IN THE STATISTICAL FILE.