



Rutherfordton

NORTH CAROLINA

APPLICATION FOR EMPLOYMENT

Office
Use Only

Last

First

Middle

QUALIFIED APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR THE PRESENCE OF A NON-RELATED MEDICAL CONDITION OR HANDICAP.

ANSWER ALL QUESTIONS – PLEASE PRINT CLEARLY OR TYPE

POSITION APPLIED FOR: _____ DEPARTMENT: _____

FULL-TIME PART-TIME

DATE: _____

NAME: _____ SSN: ____ / ____ / ____
(Last) (First) (Middle) (Maiden, if applicable)

PRESENT MAILING ADDRESS: _____
(Street & Number or P.O. Box)

(City) (State) (Zip Code)

TELEPHONE: (____) ____ - ____ (____) ____ - ____ (____) ____ - ____
(Home) (Cell) (Other) please specify: _____

PLEASE BE SURE THAT YOU COMPLETE ALL SECTIONS OF THIS APPLICATION COMPLETELY AND ACCURATELY TO THE BEST OF YOUR ABILITY. YOUR APPLICATION WILL BE USED AS A PART OF THE EXAMINATION PROCESS AND, THEREFORE, SHOULD REPRESENT YOUR BEST EFFORT. FOR SOME POSITIONS YOU MAY BE ASKED TO SUBMIT A RESUME AND/OR COVER LETTER.

THE TOWN OF RUTHERFORDTON IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

EDUCATION (GIVE COMPLETE EDUCATIONAL HISTORY BELOW)

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

Schools	Name and Location	Dates Attended	Graduate?	Major/Minor	Degree Type
High School		From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
College University		From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Graduate or Professional		From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Other educational, vocational school, internships, etc.		From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO		

SKILLS

Check the following skills, experience, etc. which you have:

- Sign Language
- Braille Skills
- Typing (specify wpm) _____
- Reliable transportation to work
- Adding machine/calculator

- Shorthand/Speedwriting (specify wpm) _____
- Other (please specify): _____

Driver's License Information

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

If yes, please give the following:

License Number: _____ State Issued: _____ Class/Type: _____

Expiration Date: ____ / ____ / ____
(mo) (day) (year)

Note: Most positions require a valid driver's license.

If the position you are applying for requires specific courses, skills, registration, licenses, or certification, please list below, with dates, issuance and source of issuance. _____

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

CONTROLLED SUBSTANCE TESTING

Controlled substance testing is required prior to finalization of the selection process for employment, promotion, or transfer. Further information will be provided at the appropriate time in the selection process. A confirmed positive drug test will result in disqualification for employment, promotion, or transfer, and may be grounds for dismissal if already employed.

Scheduling information will be provided at the appropriate time.

In accordance with Americans with Disabilities Act, the Town of Rutherfordton will consider reasonable accommodation if requested.

OVERTIME POLICY AND AGREEMENT FOR NON-EXEMPT POSITIONS

Consistent with the provisions contained in the 1985 amendments to the FAIR LABOR STANDARDS ACT, it is the Town's policy to compensate non-exempt employees for overtime work with compensatory time off, when possible, in lieu of overtime pay.

If I am employed in a non-exempt position, I agree to accept, at the discretion of the Town, either compensatory time off or overtime pay, as appropriate compensation for overtime work that I may be required to perform as an employee of the Town of Rutherfordton.

FOR MALES AGE 18 THROUGH 25 ONLY

Males who are 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Service Act. State law prohibits local governments from employing anyone who has not complied with this requirement.

Please indicate if you have registered for Selective Service: YES NO

EMPLOYMENT DATA

In the space below, give your employment history beginning with your present or most recent employer and list all positions held, including military, part-time, seasonal, summer, and significant volunteer work. Details on any period of unemployment must be included

Current or Last Employer:				Address:			
Job Title:				Supervisor's Name:		No. Supervised by You:	
Date Employed (mo/yr):		Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:		May we Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Separated (mo/yr):				Duties:			
Full Time	Years	Months					
Part Time	Years	Months					
If Part Time, number of hours worked per week:							
Employer:				Address:			
Job Title:				Supervisor's Name:		No. Supervised by You:	
Date Employed (mo/yr):		Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:		May we Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Separated (mo/yr):				Duties:			
Full Time	Years	Months					
Part Time	Years	Months					
If Part Time, number of hours worked per week:							
Employer:				Address:			
Job Title:				Supervisor's Name:		No. Supervised by You:	
Date Employed (mo/yr):		Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:		May we Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Separated (mo/yr):				Duties:			
Full Time	Years	Months					
Part Time	Years	Months					
If Part Time, number of hours worked per week:							
Employer:				Address:			
Job Title:				Supervisor's Name:		No. Supervised by You:	
Date Employed (mo/yr):		Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:		May we Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Separated (mo/yr):				Duties:			
Full Time	Years	Months					
Part Time	Years	Months					
If Part Time, number of hours worked per week:							
Employer:				Address:			
Job Title:				Supervisor's Name:		No. Supervised by You:	
Date Employed (mo/yr):		Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:		May we Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Separated (mo/yr):				Duties:			
Full Time	Years	Months					
Part Time	Years	Months					
If Part Time, number of hours worked per week:							

IF ADDITIONAL SPACE IS NEEDED PLEASE PRINT AN ADDITIONAL DATA SHEET OR USE A SHEET OF PAPER. ALL CONTINUATION SHEETS AND ADDITIONAL SHEETS OF PAPER CONTAINING EMPLOYMENT HISTORY MUST BE SIGNED AND DATED BY THE APPLICANT.

PERSONAL DATA

Are you a citizen of the United States? YES NO If no, give the country of which you are a citizen and your alien registration number.

Do you have any relatives currently employed by the Town of Rutherfordton? YES NO If so, who, in what position, and in what department are they employed? What is the relationship?

Please indicate the appropriate box below how you found out about this vacant position:

- Town Job Opportunities List
- Town Website
- Town Employees
- Social Media
- Employment Security Commission
- Friend
- Newspaper (please specify which paper)

Other (please specify)

REFERENCES

Please list three persons who are not related to you and who have a definite knowledge of your work. Do not repeat the names of supervisors listed in the Employment Data Section of this application.

Name: _____

Contact #: _____

Relationship: _____

Name: _____

Contact #: _____

Relationship: _____

Name: _____

Contact #: _____

Relationship: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Contact #: (____) ____ - ____ (____) ____ - ____
(Home) (Cell)

Relationship: _____

DECLARATION OF APPLICANT

I CERTIFY THAT ALL THE STATEMENTS IN THIS APPLICATION AND ANY ATTACHED DOCUMENTS ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS MADE IN THIS APPLICATION AND RELEASE OF ANY PERTINENT INFORMATION TO THE TOWN OF RUTHERFORDTON HIRING OFFICIALS. I UNDERSTAND THAT FALSE INFORMATION MAY BE GROUNDS FOR REJECTION OF MY APPLICATION AND/OR DISMISSAL IF I AM EMPLOYED.

Signature of Applicant (unsigned applications will not be processed)

Date

BEFORE COMPLETING THIS APPLICATION PLEASE CHECK TO SEE THAT YOU HAVE:

1. LISTED YOUR SOCIAL SECURITY NUMBER CORRECTLY
2. LISTED YOUR ZIP CODE CORRECTLY
3. COMPLETED THE SECTION FOR EQUAL OPPORTUNITY INFORMATION
4. GIVEN COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY
5. SIGNED YOUR APPLICATION

THANK YOU FOR YOUR INTEREST IN PUBLIC SERVICE WITH THE TOWN OF RUTHERDFORDTON. OUR TEAM OF HIGHLY SKILLED WORKERS STRIVES TO PROVIDE HIGH QUALITY SERVICE TO THE CITIZENS OF THIS CITY EVERYDAY. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN THOROUGH CONSIDERATION.

Rutherfordton

A MINTED ORIGINAL

APPLICANT IDENTIFICATION SHEET

EQUAL OPPORTUNITY INFORMATION

The Town of Rutherfordton prohibits discrimination based on race, sex, color, creed, national origin, age, or handicap. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well recruitment efforts are in reaching all segments of the population.

NAME: _____
(Last) (First) (M.I.)

SOCIAL SECURITY #: ____ / ____ / ____

ARE YOU A VETERAN?

YES NO

If yes, which branch of service? _____

Active Duty: From: _____ To: _____

Rank upon separation/discharge: _____

Date of Discharge: _____

Do you have a service related disability?

YES NO

If yes, please specify: _____

DATE OF BIRTH:

SEX: Male Female

____ / ____ / ____
(mo) (day) (year)

ETHNIC GROUP:

- White (Caucasian, non-Hispanic)
- African American (non-Hispanic)
- Hispanic (Mexican, Puerto Rican, Cuban Central, or South American, other Spanish origin regardless of race)
- Asian (including Pacific Islander)
- American Indian (including Alaskan native)

HANDICAP: (a handicap is any impairment which limits a major life function.) This information is optional. Failure to provide this information will not subject you to any adverse treatment. It will be maintained separately and confidentially.

Please check all that apply:

- Visual Impairments/blindness
- Hearing Impairments/deafness
- Cardiovascular disorder
- Emotional/mental disorder
- Nervous System/Neurological disorder (epilepsy)
- Speech impairment

- Respiratory Impairment
- Loss or impairment of upper and/or lower limbs
- Disabling diseases (arthritis, diabetes, etc.)
- Alcoholism
- Other (please specify): _____

If you have indicated that you have one or more of the above mentioned handicaps, please indicate what type of accommodation/device you would need to assist you in the performance of the duties of the position for which you have applied:

Please indicate where such accommodations/devices may be obtained:

POSITION APPLIED FOR: _____ DATE: _____

WHERE DID YOU LEARN OF THIS JOB OPENING? _____