

APPLICATION FOR EMPLOYMENT

TOWN OF BURNSVILLE, NORTH CAROLINA

WE CONSIDER APPLICANTS ONLY 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 ACCOMMODATIONS ARE NECESSARY TO ALLOW THEM TO COMPLETE THE APPLICATION PROCESS.

(PLEASE PRINT)

Position Applied For		Date	
How did you learn about the vacancy? (Circle One)			
Advertisement	Friend	Walk-in	
Employment Agency	Relative	Other	
Last Name	First Name	Middle Name	
Address Number	Street	City State	Zip Code
Telephone Number(s)	Drivers License #		
Home () _____	_____		
Work () _____	State	_____	

If you are under 18 years of age can you provide required proof of your eligibility for work?
(Please Circle One)

Yes No

Have you ever filed an application with us before?

Yes No

If yes, Give Date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

If you are between the ages of 18 to 25, have you registered for military service?

Yes No

Are you a citizen of the United States or are you legally allowed to work in The United States?

Yes No

Proof of citizenship or immigration status will be required upon employment.

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?

(Circle One) Yes No

If yes, please describe

REFERENCES

Give name, address and telephone number of three (3) references who are not related to you, are not former employers and who have a definite knowledge of your work ability.

1. _____

2. _____

3. _____

EMPLOYMENT EXPERIENCE

Start with your present or latest position. Include any job-related military service assignments and volunteer activities. Please account for all time and explain any breaks in employment periods. You may exclude organizations, which indicate race, color, religion, sex, national origin, disability or other protected status. RESUMES MAY BE ATTACHED ALSO.

1. Employer	Dates employed	
	From	To
Address		Work Performed
Telephone Number(s)		
Salary	Starting	Final
Job Title	Supervisor	
Reason for Leaving		

2. Employer	Dates employed From	To
Address	Work Performed	
<u>Telephone Number(s)</u>		
Salary	Starting	Final
Job Title	Supervisor	
Reason for Leaving		

3. Employer	Dates employed From	To
Address	Work Performed	
<u>Telephone Number(s)</u>		
Salary	Starting	Final
Job Title	Supervisor	
Reason for Leaving		

4. Employer	Dates employed From	To
Address	Work Performed	
<u>Telephone Number(s)</u>		
Salary	Starting	Final
Job Title	Supervisor	
Reason for Leaving		

VOLUNTARY INFORMATION

(INFORMATION WILL BE USED TO ASSIST IN PLACEMENT ONLY)

DISABILITY: A disability is any impairment that substantially limits a major life function. This information is optional. Failure to provide it will not subject you to any adverse treatment. It will be utilized only to assist in making reasonable accommodations for the performance of the essential functions of the position applied for. *Please list below any accommodations that you need to enable you to perform the essential functions of this position.*

APPLICANT'S STATEMENT

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 Town of Burnsville 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 Town of Burnsville. Final candidates for full-time positions may be required to take a drug test.

Signature of Applicant Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview? Yes No

Remarks:

Employed? Yes No

Date of employment _____ Salary _____

Job Title _____

Department _____

Authorized by _____

Name and Title

Date

VOLUNTARY INFORMATION

Information will be used for statistical purposes only

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The Town of Burnsville 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 _____

Date of Birth			SEX M F
Month	Day	Year	(Circle One)

Ethnic Group (Circle One)

1. Caucasian, (non-Hispanic)
2. Black (African Ancestry)
3. Hispanic (Mexican, Puerto Rican, Cuban, Central or South American ancestry)
4. Asian (including Pacific Islander)
5. American Indian (including Alaska native)
6. Middle Eastern
7. Other (_____)

THIS INFORMATION SHEET MUST BE KEPT SEPARATE FROM THE APPLICATION FORM AND/OR THE EMPLOYMENT PROCESS. IT IS TO BE SEPARATED FROM THE APPLICATION AND FILED IMMEDIATELY UPON RECEIPT IN THE STATISTICAL FILE OF THE POSITION APPLIED FOR.