

CITY OF CHERRYVILLE

116 SOUTH MOUNTAIN STREET
CHERRYVILLE, N.C. 28021
PHONE: 704-435-1709 ? FAX 704-435-9933

EMPLOYMENT APPLICATION

(An Equal Opportunity/Affirmative Action Employer)

IMPORTANT: Please read carefully. Please print or type. Fill out all sections of this application COMPLETELY and to the best of your ability. Your application will be used as part of the examination process and therefore should represent your best effort. Unsigned or incomplete application will not be considered. Once submitted, application materials become property of the City. An application must be received in Personnel by 5:00 p.m. on the closing date posted to ensure consideration.

CURRENT INFORMATION:

1. POSITION TITLE _____ DATE: _____

2. What date would you be available for employment? _____

3. Are you seeking: ? Full time regular ? Part time regular ? Temporary/prefer regular ? Temporary only

4. Name: _____
Last First Middle

5. Address: _____
Street/ P.O. Box City State Zip

6. Telephone: _____ / _____ / _____
Home Business Cell

7. Are you 18 or older? Yes ? No ?

If NO, What is your birth date: _____

If NO, do you have a work permit? Yes ? No ?

GENERAL INFORMATION (Attach additional sheet if needed)

If you need to explain any answer, use the space under Item #30, EXPLANATIONS.

8. Apart from absences for religious observation, check employment conditions that you would be willing to accept.

	Night work	Weekend work	Overtime	Rotating shifts	On call
Occasional	?	?	?	?	?
Regular	?	?	?	?	?
Frequent	?	?	?	?	?
N/A	?	?	?	?	?

9. Have you ever been employed with the City of Cherryville? Yes ? No ?

If YES, please explain under ITEM #30, EXPLANATIONS.

10. Have you applied to the City of Cherryville before? Yes ? No ?

11. Are you willing to accept a salary within the advertised normal starting salary range? Yes ? No ?

12. Are you now or were you previously related by blood or marriage to any City employee? Yes ? No ?

If YES, please explain under ITEM #30, EXPLANATIONS.

13. Are you able to perform all of the duties of the job you have applied for? Yes ? No ?

14. Have you ever been convicted of a felony? If YES, please explain under item #30, EXPLANATIONS.

15. Are you an American citizen or do you currently have authorization to work in the U.S.? Yes ? No ?

16. Did you receive any of your education or employment experience under another name? Yes ? No ?

If YES, please explain under Item #30, EXPLANATIONS.

17. Have you ever pled guilty to or been convicted of a crime. Yes ? No ?

If YES, explain _____

EMPLOYMENT – Please read carefully

Record your complete work history in the spaces below. Begin with your current or most recent position. Include military DD Form 214 and related volunteer experience. Continuation sheets are available. Attach as many sheets as are necessary to account for your complete record. Be sure to account for gaps in your employment history. All spaces must be complete or marked N/A (not applicable). “*see attached resume*” is not acceptable in the Duties space.

B. CURRENT OR MOST RECENT EMPLOYMENT (explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Name and title of supervisor _____ No. of employees supervised by you _____

Employer or Company _____ Telephone # _____

Date Employed _____ Address _____

Date Separated _____ Duties in order of importance _____

Full Time Years Months

Part Time _____ _____

If part time number

of hours worked per week _____

C. NEXT MOST RECENT EMPLOYMENT (explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Name and title of supervisor _____ No. of employees supervised by you _____

Employer or Company _____ Telephone # _____

Date Employed _____ Address _____

Date Separated _____ Duties in order of importance _____

Full Time Years Months

Part Time _____ _____

If part time number

of hours worked per week _____

A. NEXT EMPLOYMENT (explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Name and title of supervisor _____ No. of employees supervised by you _____

Employer or Company _____ Telephone # _____

Date Employed _____ Address _____

Date Separated _____ Duties in order of importance _____

Full Time Years Months

Part Time _____ _____

If part time number

of hours worked per week _____

EDUCATION:

Give your complete educational history.

17. Circle highest school year completed: 1 2 3 4 5 6 7 8 9 10 11 12

18. High School _____
Name City State19. Have you received a high school diploma or equivalent? Yes? No? _____
Location

Education Beyond High School	Name & Location	From Month	Attended		To Month	Year	Did You Graduate?	Credit Hours	Degree, Diploma or Certificate Earned, Number of Years Completed	Major Subject
			Year							Minor Subject
20. College(s) or University(ies)							Yes No			
21. Graduate or Professional Schools							Yes No			
22. Technical Inst. Internship, Other							Yes No			

KNOWLEDGE, SKILLS & ABILITIES:

23. Please list any knowledge, skills, or abilities you have that are applicable to the position which you are applying. Include skills with equipment or machines you can operate. If you wish consideration for a secretarial/clerical position, indicate typing speed and word processing software packages known and/or used.

(a) _____ (e) _____

(b) _____ (f) _____

(c) _____ (g) _____

(d) _____ (h) _____

REGISTRATION, LICENSE, CERTIFICATIONS

24. List Fields of work for which you have been registered, licensed, or certified.

Registration: _____ State: _____ No: _____ Exp. Date: _____

Registration: _____ State: _____ No: _____ Exp. Date: _____

Other: _____

25. Please list your driver's license number and the state in which it was issued. If you do not have a driver's license, please put "NONE" in the blank. If license are revoked, please fill in the state that they were revoked.

#	STATE
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26. Is your driver's license a Commercial Driver's License? Yes? No? If YES, indicate the class _____

E. NEXT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Name and title of supervisor _____ No. of employees supervised by you _____

Employer or Company _____ Telephone # _____

Date Employed _____ Address _____

Date Separated _____ Duties in order of importance _____

Full Time	Years	Months
Part Time	_____	_____
If part time number of hours worked per week _____		

F. NEXT EMPLOYMENT (explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Name and title of supervisor _____ No. of employees supervised by you _____

Employer or Company _____ Telephone # _____

Date Employed _____ Address _____

Date Separated _____ Duties in order of importance _____

Full Time	Years	Months
Part Time	_____	_____
If part time number of hours worked per week _____		

27. Have you had disciplinary action taken against you in the past 12 months? YES ? NO ?
If YES, explain under Item #30, EXPLANATIONS. (A YES will not automatically disqualify you.)
28. A) Have you ever been dismissed or forced to resign from any job held? YES? NO ?
B) Were you dismissed or forced to resign for disciplinary reasons? YES? NO ?
If YES to "A" or "B", explain under Item #30, EXPLANATIONS. (A YES will not automatically disqualify you.)
29. May we contact your present employer for reference prior to an interview (if granted)? YES ? NO ? N/A ?
If NO, explain under Item #30, EXPLANATIONS.

30. EXPLANATIONS: Indicate item number to which answers apply. _____
ITEM # _____

Certification and Release (must be signed and date below)

To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, I may be disqualified for employment consideration or dismissed from employment with the City.

I authorize my former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.

I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the City of Cherryville; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the City receives from an employer or educational institution under a promise of confidentiality.

I also permit the City of Cherryville to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background.

I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently abusing these substances. I consent to the testing and understand that the results could preclude my appointment.

I understand and acknowledge that should I be employed by the City of Cherryville, then I serve "at will". This means that I may be terminated at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such changes is specifically approved by the City Manager.

Signature _____ Date _____