

CITY OF RAEFORD
315 N. Main Street, Raeford, NC, 28376-2629
(AN EQUAL OPPORTUNITY EMPLOYER)

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: It is very important that you fill out **all sections** of this application completely and to the best of your ability. Your application will be used as a part of the examination process and should represent your best effort. PLEASE PRINT IN INK OR TYPE. You may attach a resume as a supplement, however, a *completed application is still required*. Applications **MUST BE SIGNED** (see page 4) and will be kept on file in the Personnel Department for two years.

Name _____			Date of Application _____		
(last)	(first)	(middle)			
Address _____					
Previous Address _____					
Social Security # _____		Home Phone # _____		Other # _____ (circle below)	
<small>(pager, mobile, neighbor, family)</small>					
Are you a US citizen? Yes () No () If not, do you possess an Alien Registration Card? Yes () No ()					
Are you 18 years of age or older? Yes () No () Are you licensed to drive a car? Yes () No ()					
Driver's License # _____		State of Issue _____		Expiration Date _____	
Have you ever been convicted of anything other than a minor traffic violation? Yes () No () <i>Note: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, and nature of offense will be taken into consideration.</i>					
If yes, please describe in full _____					

Position Applied For _____		Alternate Choice _____	
Hourly Wage Expected _____		Hours/Days You Can Work _____	
Date Available for Work _____		May we contact present employer? Yes () No ()	

Have you worked for the City of Raeford before? Yes () No ()	
If yes, please list department, date, and position held _____	
Are you related by blood or marriage to any City employee? Yes () No ()	
If yes, please list name, relationship, and department _____	
Do you have a medical condition that would preclude you from performing any of the duties of the position for which you are applying? Yes () No () If yes, explain _____	
Are you subject to registration under the Military Selective Service Act (draft)? Yes () No ()	

EDUCATION:	<u>School</u>	<u>Location</u>	<u>From/To</u>	<u>Diploma</u>
Grade	_____	_____	_____	_____
High School	_____	_____	_____	_____
College/Univ.	_____	_____	_____	_____
College/Univ.	_____	_____	_____	_____
Graduate	_____	_____	_____	_____
Service/Trade	_____	_____	_____	_____
List extracurricular activities	_____			

MILITARY: Branch _____	From/To _____	Rank/Rate _____
Reserve _____	Active _____	Inactive _____

EXPERIENCE: *THIS SECTION MUST BE COMPLETED. "See resume" is not acceptable. Start with present or last position.*

1. Employer _____ From _____ To _____
 Address _____ Telephone # _____
 Job Title _____ Beginning Salary _____ Ending Salary _____
 Supervisor _____ Reason for Leaving _____
 Duties & Responsibilities _____

2. Employer _____ From _____ To _____
 Address _____ Telephone # _____
 Job Title _____ Beginning Salary _____ Ending Salary _____
 Supervisor _____ Reason for Leaving _____
 Duties & Responsibilities _____

3. Employer _____ From _____ To _____
 Address _____ Telephone # _____
 Job Title _____ Beginning Salary _____ Ending Salary _____
 Supervisor _____ Reason for Leaving _____
 Duties & Responsibilities _____

4. Employer _____ From _____ To _____
Address _____ Telephone # _____
Job Title _____ Beginning Salary _____ Ending Salary _____
Supervisor _____ Reason for Leaving _____
Duties & Responsibilities _____

5. Employer _____ From _____ To _____
Address _____ Telephone # _____
Job Title _____ Beginning Salary _____ Ending Salary _____
Supervisor _____ Reason for Leaving _____
Duties & Responsibilities _____

Please explain any gap in employment _____

Summarize any special skills, certifications, and qualifications from employment or other experiences not covered above which you feel qualifies you for the position.

REFERRAL SOURCE

Newspaper Ad Friend Relative
 State Employment Office Private Employment Agency Other _____

REFERENCES: *List three personal references, other than relatives and employers.*

	Name	Address	Phone #	Time Known
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

In case of emergency, please notify one of the following *(optional information):*

	Name	Address	Phone #	Relationship
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____

IMPORTANT: please read & sign the certification on the next page.

APPLICANT CERTIFICATION

I certify that answers given herein are true and complete to the best of my knowledge. I hereby authorize my previous employers, personal references listed and other persons or institutions shown on my application to provide the City with any information requested. I understand that, if hired, false or misleading information given or omitted in my application or during my interview may result in discharge.

I understand that, in connection with my application of employment, a full verification of pertinent biographical information may be performed. I hereby consent and authorize the bearer, an authorized agent of the City of Raeford, to examine or receive a copy of any and/or all records maintained by Law Enforcement Agencies. I further authorize a Police and Court Records investigation of my background. Also, any bank, credit agency, university, college, school, or Board of Education of any state may be reviewed in the same manner and to the same extent as if I personally applied for the same. I hereby authorize such records to be disclosed or furnished in accordance with any request made by the bearer in connection with my application for employment or advancement. I understand that I have a right to make a written request within a period of time for a complete and accurate disclosure of additional information concerning the scope of this investigation.

I am aware that employment with the City of Raeford is dependent upon successful completion of a pre-employment drug and/or alcohol testing. I give my consent to the release of my test results to authorized City management for appropriate review.

I recognize that, in the course of my employment with the City of Raeford, I may be exposed to or generate confidential information otherwise not publicly known which relates to the City's affairs. I agree that I shall neither disclose to any person, firm, or corporation nor use for my own or another's benefit, during or after my employment any such confidential information unless specifically authorized in writing by the City.

I agree to conform to all of the policies and procedures of the City of Raeford. I understand that, if hired, I am an employee at will for no definite duration, and I have the option to terminate my employment relationship with the City with or without cause and with or without notice at any time, and the City retains a similar right. I further understand that these policies do not create a contract between the City of Raeford and me or form the basis of an implied contract. I understand that failure to pay City taxes on a timely basis during the tenure of my employment is grounds for dismissal. I further understand that if I have delinquent City taxes at the time I am hired, my wages may be subjected to immediate garnishment by the City.

DATE: _____ **SIGNATURE OF APPLICANT:** _____ *

** NOTE: unsigned applications **will not** be processed.*

CITY OF RAEFORD USE ONLY:

Interview date: _____ **Date letter sent if not hired:** _____ **Letter sent by:** _____

If you would like to hire applicant, complete below and send to City Manager

Job Title/Dept.: _____ **Pay Grade/Step:** _____ **Hourly \$:** _____

Requested Hire Date: _____ **Date Sent to Personnel:** _____ *(make copy of application for your files)*

Hire Requested by: _____

Dept. Head Signature Date

***** **PSNL USE ONLY** *****

Request received: _____ **Driving history received:** _____ **Appointment:** _____

Copies sent: _____
