

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

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Submit application to Personnel Department at address noted above. 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 pre-screening 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 Dept. for two years** (per EEOC guidelines & NC Record Retentions Schedule).

Name _____ Date of Application _____
(last) (first) (middle)

Address _____

Previous Address _____

Social Security # _____ Home Phone # _____ Other # _____ (circle below)
(pager, mobile, neighbor, family)

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 - If not, you are not eligible for employment with City.

Are you subject to registration under the Military Selective Service Act (draft)? Yes No

Are you licensed to drive a car? Yes (complete below) No

If yes, Drivers License # _____ State of Issue _____ Expiration Date _____

Have you ever been convicted of anything other than a minor traffic violation? Yes* No

NOTE: Driving while impaired or under the influence of alcohol/drugs is not a minor traffic violation. 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.

*If yes, please give details and dates (use additional sheet if necessary) _____

Position Applied For _____ (NOTE: **MUST BE A POSTED VACANCY**
AND you must meet the minimum qualifications listed on job posting to be considered for position.)

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 - (complete below) No

If yes, please list department, date, and position held _____

Are you related by blood or marriage to any City employee? Yes - (complete below) 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 - explain _____ No

EDUCATION: **School** **Location** **From/To (dates)** **Diploma/Degree***

Grade School _____

High School _____

College/Univ. _____

College/Univ. _____

Graduate School _____

Service/Trade _____

**PLEASE ATTACH A COPY OF HIGH SCHOOL DIPLOMA/GED AND COLLEGE DEGREE(S)*

MILITARY: **Branch** _____ **From/To** _____ **Rank/Rate** _____

Reserve _____ **Active** _____ **Inactive** _____

WORK HISTORY (include volunteer experience. Use Additional Sheets if necessary)

Current or Last Employer:			Address:		
Job Title:			Supervisor Name:		Telephone Number:
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 Name:		Telephone Number:
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 Name:		Telephone Number:
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 Name:		Telephone Number:
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:					

(attach additional sheets if needed)

Please explain any gap in employment

SPECIAL SKILLS, CERTIFICATIONS, ETC.

Summary (list skills, certifications, and qualifications from employment or other experiences not covered above which you feel qualifies you for the position):

REFERRAL SOURCE: State Employment Office City Website Newspaper Ad
 Friend Relative Other _____

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

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

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

APPLICANT CERTIFICATION

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize previous employers, personal references, educational institutions, associations, registration and licensing boards, and others to furnish whatever details are available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false or misleading information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (authority G.S. 14-122.1).

I understand that, in connection with my application for 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 pre-employment screenings (drug and/or alcohol test and, in some cases, physical and/or psychological test). I give my consent to release 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:

(NOTE: to hire above step 1, detailed memo required from Dept. Head justifying the higher salary)

DEPT. HEAD - to hire applicant at Step 1, complete below and send to City Manager

Job Title/Dept.: _____ **Pay Grade/Step:** _____ /Step 1 **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:** _____ **Notes:** _____

Copies sent: _____

(NOTICE TO CITY STAFF: ALL COPIES MUST BE SHREDDED WHEN DISCARDING)