TOWN OF ANGIER EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Applications may be mailed to: Town of Angier, Human Resources Department, P.O. Box 278, Angier, NC 27501-0278, or hand delivered to: Human Resources Department 55 North Broad Street, Angier, NC 27501 or emailed to mwilder@angier.org.

Fill out all sections **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 applications will not be considered**. Once submitted, application materials become the property of the Town. An application must be received in Town Hall by 5 pm on the closing date posted to ensure consideration. The Town does **not** accept FAXED applications. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," **APPLY IMMEDIATELY**.

CURRENT INFORMATION

If YES, please explain under EXPLANATIONS.

OOTHILE IN	II CITIMATION				
(1) POSITION TITLE				DATE:	
(2) When will you be a	available for employment?	(i.e. immediately, 2 week	eks notice)		
(3) Are you seeking	[] Full-time regular	[] Part-time regular	[] Temp./prefer re	egular [] Tempor	ary Only
(4) NAME:	(Last)	(First)		(Middle)	
(5) ADDRESS:	Street & No. or P.O. Box	City		State	Zip
(6) HOME TEL # ()	BUS. TELEF	PHONE # ()		
E-MAIL ADDRESS	8		(if applica	able)	
(7) Are you 18 or olde	r?[]Yes[]No If NO,	what is your birth date?			
If you need to explain and (8) Apart from absence Occasional: Regular: Frequent (9) Have you ever been are supported by the content of the co	[] night work	kend work [] overtime kend work [] overtime kend work [] overtime kend work [] overtime	at you are willing to a [] rotating shifts [[] rotating shifts [[] rotating shifts [accept. [] "on-call" [] "on-call"	
	I to the Town of Angier bet te what position and when				
(11) Are you willing to	accept a salary within the	advertised normal start	ing salary range? [] Yes [] No	
	rere you previously related ame, relationship and dep				
(13) Are you able to p	erform all of the duties of t	the job you have applied	d for?] Yes [] No	
record will not necess	een convicted of a felony? arily exclude you from em le offense, and nature of the	ployment. Factors such	as age at time of of		n efforts,
(15) Are you an Amer	ican citizen or do you curre	ently have authorization	to work in the U.S.?	? []Yes [] No
16) Did you receive ar	ny of your education or em	ployment experience ur	nder another name?	Yes [] No

EDUCATIONProvide your complete history

If YES, indicate the class_____

` '		ghest school year completed		, ———	_			Stata	
		ligh School received a high school diplo						State	
Educa Beyon High S	tion d	Name and Location	•	Attended From	Yr.	Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
Colleg Univers	e(s) sity(ies)					Yes No			
Gradu Profes Schoo	sional					Yes No			
Techn Institu Interns Other	tes,					Yes No			
(23) (a) (b) (c)	Please are app secreta	e list any knowledge, skills, o plying. Include skills with equarial/clerical position, indicate	r abilities you uipment or m e typing spee	ı have tha nachines ed and wo	you ca ord pro _(e) _(f) _(g)	an operate. If	f you wish ware pac	consideration for a	used.
REC	GISTE	RATIONS, LICEN	SES, CI	ERTIF	IC <i>A</i>	TIONS			
(24)		lds of work for which you ha	_						
	_	ration:						Exp. Date:	
		ration:						Exp. Date:	
(25)		e list your VALID DRIVER'S s license, please put "NONE							
(26)	ls vour	driver's license a Commerc	ial Driver's Li	icense?	[] Y	es []No			

EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable). "See attached resume" is NOT acceptable in the duties space.

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

JOB TITLE		Starting Salary	Last Salarv
Date employed	Date Separated		
Employer or company	,	Telephone # ()_	
Employer or company address			
Name and Title of most current supe	ervisor		
Full-time for: Yrs Mos Par	t-time for: Yrs Mos # of	employees supervised by you	<u> </u>
If you worked part-time, the number	of hours worked per week		
DUTIES IN ORDER OF IMPORT			
REASON FOR LEAVING or desiring	g a change		
B. NEXT MOST RECENT EMPL	OYMENT (or explain gap i	n employment)	
JOB TITLE		Starting Salary	Last Salary
JOB TITLE Date employed	Date Separated	otarting Galary	Last Galary
Employer or company	Date Deparated	Telephone # ()	
Employer or company address		relephone # ()	
Name and Title of most current sund	ervisor		
Full-time for: Yrs Mos Par	t-time for: Yrs Mos # of	employees supervised by you	
If you worked part-time, the number	of hours worked per week	employees supervised by you	
DITIES IN ORDER OF IMPORT	TANCE		
DOTIES IN ORDER OF IMITOR	TANGE		
REASON FOR LEAVING_			
TILAGON I ON ELAVINO			
C. NEXT MOST RECENT EMPL	OYMENT (or explain gap i	n employment)	
IOR TITLE		Starting Salary	Last Colony
JOB TITLE	Data Camanatad	Starting Salary	Lasi Saiaiy
Employer or company	Date Separated	Tolophone # /	
Employer or company		Telephone # ()	
Employer or company address			
Name and Title of most current super Full-time for: Yrs Mos Par	ervisor		
Full-time for: Yrs Mos Par	t-time for: Yrs Mos# of	employees supervised by you	
If you worked part-time, the number			
DUTIES IN ORDER OF IMPOR	I ANCE		
REASON FOR LEAVING			
D. NEXT MOST RECENT EMPL	OYMENT (or explain gap i	n employment)	
IOR TITLE		Starting Salary	Lact Salary
Date employed	Data Sanaratad	Starting Salary	Lasi Galai y
Employer or company	Date Separated	Telephone # ()	
Employer or company		ı elepriorie # ()	
Employer or company address	an do an		
Name and Title of most current supe	ervisor		
ruii-time for: Yrs Mos Par	t-time for: Yrs Mos# of	employees supervised by you	
If you worked part-time, the number	of nours worked per week		
DUTIES IN ORDER OF IMPORT	I ANCE		
BEASON FOR LEAVING			

E. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TIT	LE	Starting Salary	Last Salary
Date emp	LElloyed	Date Separated	
⊨mpioyer	or company	I elepnone # ()	
Employer	or company address d Title of most current supervisor _		
Full-time	for: Yrs Mos Part-time fo	or: Yrs Mos # of employees supervised by you	
If you wor	ked part-time, the number of hour	s worked per week	
DÚTIES	IN ORDER OF IMPORTANCE	<u> </u>	
-			
REASON	FOR LEAVING		
F. NEXT	MOST RECENT EMPLOYME	NT (or explain gap in employment)	
IOR TIT	I E	Starting Salary	Last Salary
Date emp	loved	Starting Salary Date Separated	Last Salary
Employer	or company	Telephone # ()_	
Employer	or company address		
Name and	d Title of most current supervisor_	or: Yrs Mos# of employees supervised by you	
Full-time	for: Yrs Mos Part-time fo ked part-time, the number of hour	or: Yrs Mos# of employees supervised by you	
DI ITIES	IN ORDER OF IMPORTANCE	s worked per week	
DOTILO	IN ORDER OF IMPORTANCE		
REASON	FOR LEAVING		
(07) 11-	and the state of t		1 N I -
		ken against you in the past 12 months?? [] Yes [
ı	i 1ES, explain under EXPLAIN	ATIONS. (A YES will not automatically disqualify you.)
(28) a.) I	Have you ever been dismissed	or forced to resign from any job held? [] Yes [1 No
		ed to resign for disciplinary reasons? [] Yes [
		er EXPLANATIONS. (A YES will not automatically dis	
	•	,	,
		over for reference prior to an interview (if granted)?	
l	t you are not currently employe	d, please check here N/A (). If NO, explain under	EXPLANATIONS.
EVDI 4	NATIONO		
	<u>NATIONS</u>		
IIEM#			
ITEM # ITEM #			
ITEM #_			_
Cartific	eation and Release (MUS	T BE SIGNED AND DATED BELOW)	
	•	information given truly represents my background and experience	a Lunderstand that if I have
knowi	ngly or negligently misrepresented, fal	sified or omitted any information during the application process, o	or have made any changes to the
forma	t or wording of this application form, I	may be disqualified for employment consideration or dismissed from	om employment with the Town.
		s to give any information regarding me or my employment, whether	er or not it is on their records. I hereby
	se them from any damage whatsoever authorize educational institutions which	for issuing same. In I attended to reveal my scholastic ratings, as well as degrees o	r certificates earned to the Town of
		censing boards and to others to furnish whatever detail is available	
Notwi	thstanding any provision of State or Fe	ederal law, I expressly waive any right I have to review information	
	ucational institution under a promise of	confidentiality. a Police, Court, Credit and/or Motor Vehicle Records Investigation	n of my background
		a Police, Court, Credit and/or Motor Venicle Records investigation or certain jobs, I may be tested for drug and alcohol use to determ	
substa	ances. I consent to the testing and unc	derstand that the results could preclude my appointment.	, -
• I unde	erstand and acknowledge that should I	be employed by the Town of Angier, then I serve "at will". This m	eans that I may be terminated at any
	vith or without cause. I further understa ict unless such change is specifically a	and that this "at will" employment relationship may not be changed	a by any written document or by
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SIGNA	TURE	D	ATE

SUPPLEMENT TO TOWN OF ANGIER **EMPLOYMENT APPLICATION**

The Town of Angier is an Equal Opportunity Employer. Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be separate from your employment application. Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. It will be maintained in personnel files which must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of state general statutes.

I. POSITION APPLIED FOR:							
NAME:_	Last	First	Middle				
DATE OF	DATE OF APPLICATION:						
II. SEX:	(Please check one)	Male	Female				
III. ETHN	IIC CATEGORY: (Please	check one)					
White - Origins in any of the original peoples of Europe, North Africa, or the Middle East. Black - Origins in any of the Black racial groups of Africa. (Not Hispanic) Hispanic - Mexican, Puerto Rican, Cuban, Central, or South American or other Spanish Culture or origin regardless of race. Asian or Pacific Islander - Origins in the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. American Indian or Alaskan Native - Origins in any of the original peoples of North America.							
HOW DIE	D YOU LEARN OF THIS OF Newspaper (specify): Employment Security Com Job Line Employment Interest Card Came to Municipal Buildin Employment Opportunity Internet Other (specify):	nmission I					

Please provide only the last four digits of your Social Security Number for identification purposes only. If you are applying for an HRSS position, you must provide your SSN for drug testing. It will be used in place of your name. Should you be employed, your social security number will be required for wage reporting. internal records and as a personal identifier for the Town's use.

SS#:

DRUG SCREENING

Name

All FINAL applicants for high risk or safety sensitive positions (HRSS) must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

OVERTIME COMPENSATION AGREEMENT

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we generally allow the employee to choose between time off or pay for overtime worked. However, either is subject to supervisory approval and may be affected by budgetary constraints.

SELECTIVE SERVICE REGISTRATION

If male and age 18 to 26	6, have you registered	for Selective Service?	
(Please check one)	Yes	No	
If not, you will have 30 Federal law.	O days to comply if s	selected for a position as	required by

CERTIFICATION (THIS FORM MUST BE SIGNED)

d the information contained on this form, nd have done so truthfully to the best of my

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Date