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 vhardaway@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

(1) POSITION TITLE	OSITION TITLEDATE:					
(2) When will you be available for employmen	t? (i.e. immediately, 2 weeks notice)					
	[] Part-time regular [] Temp./	prefer regular [] Temporary Only				
(4) NAME:(Last)						
(Last)	(First)	(Middle)				
(5) ADDRESS: Street & No. or P.O. Box	City	State Zip				
(6) HOME TEL # ())				
E-MAIL ADDRESS	(if	applicable)				
(7) Are you 18 or older? [] Yes [] No If NC), what is your birth date?					
GENERAL INFORMATION						
If you need to explain any answer, use the space u	under EXPLANATIONS near the end of thi	s application.				
(8) Apart from absences for religious observation	nces, check conditions that you are wil	ling to accept.				
Regular: []night work [] we	eekend work [] overtime [] rotating eekend work [] overtime [] rotating eekend work [] overtime [] rotating	shifts [] "on-call"				
(9) Have you ever been employed with the To If YES, what department and when:						
(10) Have you applied to the Town of Angier b If YES, indicate what position and whe	pefore? []Yes []No en:					
(11) Are you willing to accept a salary within the	ne advertised normal starting salary rai	nge? []Yes []No				
(12) Are you now or were you previously relate If YES, give name, relationship and de	ed in any way to a Town employee? epartment:					
(13) Are you able to perform all of the duties of	of the job you have applied for?	[]Yes []No				
(14) Have you ever been convicted of a felony record will not necessarily exclude you from e length of time since the offense, and nature of	mployment. Factors such as age at tim	ne of offense, rehabilitation efforts,				
(15) Are you an American citizen or do you cu	rrently have authorization to work in th	e U.S.? []Yes []No				
16) Did you receive any of your education or e If YES, please explain under EXPLAN		name? []Yes []No				

EDUCATION

(25)

(26)

Provide your complete history

(17) Indicate highest school year completed: (i.e. 8, 12, 16)

(18) Name of High School _____ City ____ State____

(19) Have you received a high school diploma or equivalent? [] Yes [] No

Education Beyond	Name and Location			nded om		Did You	Credit	Degree, Diploma, Certificate Earned	Major
High School		Mo	Yr.	Mo.	Yr.	Graduate?	Hours	or # of Yrs.	Minor
College(s) University(ies)						Yes No			
Graduate or Professional Schools						Yes No			
Technical Institutes, Internship, Other						Yes No			

KNOWLEDGE, SKILLS & ABILITIES

(23) Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for 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)

REGISTRATIONS, LICENSES, 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:			
Please list your VALID DRI' driver's license, please put			ch it was issued. If you do not have a
Is your driver's license a Co If YES, indicate the class	mmercial Driver's Licens		

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 Salary
Date employed	Date Separated		
Employer or company		Telephone # ()	
Employer or company address			
Full-time for: Yrs Mos P	art-time for: Yrs Mos# of	employees supervised by you	
If you worked part-time, the numb	er of hours worked per week		
DUTIES IN ORDER OF IMPOI	RTANCE		
REASON FOR LEAVING or desiri			
B. NEXT MOST RECENT EMI	PLOYMENT (or explain gap i	n employment)	
JOB TITLE		Starting Salary 	Last Salary
Date employed	Date Separated		
Employer or company	·	Telephone # ()	
Employer or company address		·	
Name and Title of most current su	pervisor		
		employees supervised by you	
If you worked part-time, the numb			
DUTIES IN ORDER OF IMPOI	RTANCE		
REASON FOR LEAVING			
C. NEXT MOST RECENT EMI	COMMENT (or explain gap i	n employment)	
		Starting Salary	Last Salary
Date employed	Date Separated		
Employer or company		Telephone # ()	
Employer or company address			
Full-time for: Yrs Mos P	art-time for: Yrs Mos # of	employees supervised by you	
If you worked part-time, the numb	er of hours worked per week		
DUTIES IN ORDER OF IMPOI	RTANCE		
REASON FOR LEAVING			
D. NEXT MOST RECENT EMI	PLOYMENT (or explain gap i	n employment)	
		Starting Salary	Last Salary
Date employed	Date Senarated	Starting Salary 	Last Oalary
Employer or company		Telephone # ()	
Employer or company address			
Name and Title of most current su	pervisor		
Full-time for: Yrs Mos P	art-time for: Yrs Mos # of	employees supervised by you	
If you worked part-time, the numb	er of hours worked per week	· · · · · · · · · · · · · · · · · · ·	
DUTIES IN ORDER OF IMPOI	RTANCE		

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

	Starting Salary	Last Salary
Date employed Date Separ		
Employer or company	Telephone # ()
Employer or company address		
Name and Title of most current supervisor		
Full-time for: Yrs Mos Part-time for: Yrs Mo	<pre>bs # of employees supervised by you_</pre>	
If you worked part-time, the number of hours worked per v	week	
DUTIES IN ORDER OF IMPORTANCE		
REASON FOR LEAVING		

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

JOB TITLE	Start	ing Salary	Last Salary
Date employed	Date Separated		
Employer or company		Telephone # ()	
Employer or company address			
Name and Title of most current supervisor			
Full-time for: Yrs Mos Part-time f	or: Yrs Mos# of employee	s supervised by you	
If you worked part-time, the number of hou	rs worked per week		
DUTIES IN ORDER OF IMPORTANCI			

REASON FOR LEAVING

(27) Have you had disciplinary action taken against you in the past 12 months?? [] Yes [] No If YES, explain under 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 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 If you are not currently employed, please check here N/A (). If NO, explain under EXPLANATIONS.

EXPLANATIONS

ITEM #	 •
ITEM #	
ITEM #	
ITEM #	

Certification and Release (MUST BE SIGNED AND DATED 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, or have made any changes to the
 format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town.
- I authorize my current and 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 Town of Angier; 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 Town receives from an employer or educational institution under a promise of confidentiality.
- I also permit the Town of Angier 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 Town of Angier, 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 change is specifically approved by the Town Administrator

SIGNATURE

DATE

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. POSIT	ION APPLIED FOR:		
NAME:	Last	First	Middle
DATE OF	APPLICATION:		
II. SEX:	(Please check one)	Male	Female

III. ETHNIC 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 DID YOU LEARN OF THIS OPENING: (Indicate below by placing a check beside the source)

 Newspaper (specify):
 Employment Security Commission
Job Line
 Employment Interest Card
 Came to Municipal Building
 Employment Opportunity List (where posted):
 Internet
 Other (specify):

SOCIAL SECURITY NUMBER (SSN)

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 <u>must</u> 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.

DRUG SCREENING

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, have you registered for Selective Service?

(Please check one) Yes No

If not, you will have 30 days to comply if selected for a position as required by Federal law.

CERTIFICATION (THIS FORM MUST BE SIGNED)

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.

Name

Date

An Equal Opportunity/Affirmative Action Employer

SS#: