TOWN OF ANGIER EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Applications may be mailed to: Town of Angier, P.O. Box 278, Angier, NC 27501-0278, or hand delivered to: the Town Clerk 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

If YES, please explain under EXPLANATIONS.

OUTILE IN	II CITIMATION				
(1) POSITION TITLE_				DATE:	· · · · · · · · · · · · · · · · · · ·
(2) When will you be a	available for employment?	? (i.e. immediately, 2 wee	eks notice)		
(3) Are you seeking	[] Full-time regular	[] Part-time regular	[] Temp./prefer	regular [] Tempo	rary 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	S		(if applic	cable)	
(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	[] night work	ces, check conditions the ekend work [] overtime ekend work [] overtime ekend work [] overtime on of Angier? [] Ye	at you are willing to [] rotating shifts [] rotating shifts [] rotating shifts	accept. [] "on-call" [] "on-call"	
	to the Town of Angier be te what position and wher				
(11) Are you willing to	accept a salary within the	e advertised normal start	ting salary range?	[] Yes [] No	
	rere you previously related ame, relationship and dep				
(13) Are you able to p	erform all of the duties of	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 t	ployment. Factors such	as age at time of c		n efforts,
(15) Are you an Amer	ican citizen or do you curr	ently have authorization	to work in the U.S.	.? [] Yes [] No
16) Did you receive ar	ny of your education or em	nployment experience ui	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 Telephone # ()	Last Salarv
Date employed	Date Separated		
Employer or company		Telephone # ()	
Employer or company address			
Name and Title of most current sup	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		
DUTIES IN ORDER OF IMPORT			
REASON FOR LEAVING or desiring	g a change		
B. NEXT MOST RECENT EMPI	-OYMENT (or explain gap i	n employment)	
JOB TITLE		Starting Salary	Last Salary
Date employed	Date Separated	Starting Salary	
Employer or company		Telephone # ()	
Employer or company address	-	Telephone # ()	
Name and Title of most current sup	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		
DUTIES IN ORDER OF IMPOR	TANCE		
BOTTLES IN GITBLETT OF TWIT GIT			
REASON FOR LEAVING			
C. NEXT MOST RECENT EMPI	-OYMENT (or explain gap i	n employment)	
IOR TITLE		Starting Salary	Lact Salary
JOB TITLE	Data Saparated	otarting Salary	Last Galai y
Employer or company	Date Separated	Tolophono # (
Employer or company		Telephone # ()	
Employer or company address			
Name and Title of most current sup	arvisor	employees supervised by you	
Full-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 IMPOR	I ANCE		
REASON FOR LEAVING			
D. NEXT MOST RECENT EMPI	OYMENT (or explain gap i	n employment)	
JOR TITLE		Starting Salary	Last Salary
Date employed	Data Sonarated	Starting Salary	Lasi Galai y
Employer or company	Date Separateu	Telephone # ()	
Employer or company		ı elephone # ()	
Employer or company address			
Name and Title of most current sup	at time of fam. Virg. Mar		
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 IMPOR	I ANCE		
REASON FOR LEAVING			

E. NEXT 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			
Name and Title of most current su	pervisor		
Full-time for: Yrs Mos Pa	art-time for: Yrs Mos# of	employees supervised by you	
If you worked part-time, the number	er of nours worked per week		
DUTIES IN ORDER OF IMPOR	TIANCE		
DEACON FOR LEAVING			
REASON FOR LEAVING			
F. NEXT MOST RECENT EMP	LOYMENT (or explain gap i	n employment)	
JOB TITLE		Starting Salary	Last Salary
JOB TITLE	Date Separated	Gtarting Galary	Edot Galary
Employer or company		Telephone # ()	
Employer or company address		. сторителе и (
Name and Title of most current su	pervisor		
Full-time for: Yrs Mos Pa	art-time for: Yrs Mos # of	employees supervised by you_	
If you worked part-time, the number	er of hours worked per week		
DUTIES IN ORDER OF IMPOR	RTANCE		
REASON FOR LEAVING			
(27) Have you had disciplinary			
If YES, explain under E	EXPLANATIONS. (A YES will r	not automatically disqualify you	ı.)
(00)			
(28) a.) Have you ever been dis			
		linary reasons? [] Yes	
If YES to "a" or "b", exp	olain under EXPLANATIONS.	(A YES will not automatically d	isqualify you.)
(00) Manner and a transfer and a second			1 1 Van 1 1 Na
(29) May we contact your prese			
ii you are not currently	employed, please check here	N/A (). If NO, explain under	I EXPLANATIONS.
EXPLANATIONS			
ITEM #			
Certification and Releas	e (MUST BE SIGNED AND D	DATED BELOW)	
	•	presents my background and experien	ce Lunderstand that if Lhave
		nation during the application process,	
format or wording of this application	on form, I may be disqualified for em	ployment consideration or dismissed t	rom employment with the Town.
		egarding me or my employment, wheth	her or not it is on their records. I hereb
release them from any damage w	S S		
		scholastic ratings, as well as degrees	
		ers to furnish whatever detail is availab	ble concerning my qualifications. On the Town receives from an employe
or educational institution under a		any right i have to review initoffilation	The Town receives nom an employe
		or Motor Vehicle Records Investigation	on of my background.
		sted for drug and alcohol use to deter	
substances. I consent to the testi	ng and understand that the results co	ould preclude my appointment.	
			means that I may be terminated at any
		yment relationship may not be chango	ea by any written document or by
conduct unless such change is sp	pecifically approved by the Town Adm	iii ii 5il alUl	
CICNATURE		-)ATE
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. ETHI	NIC CATEGORY: (Pleas	e check one)	
or origin or Asian or the Pacific	regardless of race. Pacific Islander - Origin ic Islands.	, Cuban, Central, or S s in the Far East, Sou	a. (Not Hispanic) fouth American or other Spanish Culture otheast Asia, the Indian Subcontinent or the original peoples of North America.
HOW DIE	Newspaper (specify): _ Employment Security Co Job Line Employment Interest Ca Came to Municipal Build	ommission rd ling	elow by placing a check beside the source)
200141	SECTIOITY NUMBER	1 (OON)	

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 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.

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, have yo	u registered for Selective Ser	rvice?
(Please check one)	Yes	No	
If not, you will have Federal law.	30 days to	comply if selected for a p	osition as required

by

Date

CERTIFICATION (THIS FORM MUST BE SIGNED)

•		the information I have done so t	
anowiougo.			

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