# TOWN OF FLETCHER EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Applications may be mailed /or hand delivered to 300 Old Cane Creek Road, Fletcher, NC 28732

CURRENT INFORMATION

If YES, please explain under EXPLANATIONS.

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**.

<u> </u>					
(1) POSITION TITLE_				DATE:	
(2) When will you be a	vailable for employment	? (i.e. immediately, 2 wee	ks notice)		
(3) Are you seeking	[ ] Full-time regular	[ ] Part-time regular	[ ] Temp./prefer re	gular [ ] Temporary O	nly
(4) NAME:					
` '	(Last)	(First)		(Middle)	
(5) ADDRESS:	Street & No. or P.O. Box	City		State	Zip
(6) HOME TEL # (	)	BUS. TELEP	HONE # ( )		
E-MAIL ADDRESS			(if applical	ole)	
(7) Are you 18 or older	?[]Yes[]No If NO	, what is your birth date?			
OFNEDAL IN	CODMATION	·			
GENERAL IN  If you need to explain an		nder EXPLANATIONS near	the end of this applica	tion.	
•	•	ices, check conditions tha			
Occasional: Regular: Frequent	[ ] night work	ekend work [ ] overtime ekend work [ ] overtime ekend work [ ] overtime	[ ] rotating shifts [ [ ] rotating shifts [	] "on-call" ] "on-call"	
	n employed with the Tov lepartment and when:	vn of Fletcher? [ ] Ye	s []No		
		before? [ ] Ye n:			_
(11) Are you willing to	accept a salary within the	e advertised normal starti	ng salary range? [	]Yes []No	
		d in any way to a Town en		]Yes []No	
(13) Are you able to pe	erform all of the duties of	the job you have applied	for? [	] Yes [ ] No	
record will not necessa	arily exclude you from en	? If YES, please explain unployment. Factors such the crime will be taken in	as age at time of offe		orts,
(15) Are you an Ameri	can citizen or do you cur	rently have authorization	to work in the U.S.?	[ ] Yes [ ] No	
16) Did you receive an	y of your education or e	mployment experience un	der another name?	[ ] Yes	

# **EDUCATION**Provide your complete history

If YES, indicate the class\_\_\_\_\_

1 10110	ic your	complete matery								
(17) Inc	dicate hi	ghest school year completed	d: (i.e. 8, 12	, 16)						
(18) Na	me of H	ligh School				City _			State	
(19) Ha	ave you i	received a high school diplor	ma or equiv	alent	? [	] Y	es []No			
Educati Beyond High Sc	l	Name and Location	Mo.	Atter Fro		r.	Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
College Universi							Yes No			
Gradua Profess Schools	ional						Yes No			
Technic Institute Internsl Other	es,						Yes No			
(23) (a)(b)	Please are app secreta	list any knowledge, skills, or olying. Include skills with equarial/clerical position, indicate	r abilities yo uipment or i e typing spe	u hav mach ed ar	ve that your that your that you had word word (f	u ca pro e) g)	an operate. If	you wish ware pac	consideration for a	ised.
(=)					(.	-/				
REG	SISTE	RATIONS, LICENS	SES, C	ER	TIFIC	CA	TIONS			
(24)	List fiel	ds of work for which you hav	/e been rea	istere	ed. licer	sec	or certified:			
,		ration:							Exp. Date:	
		ration:							Exp. Date:	
									·	
(25)	Please	list your <b>VALID DRIVER'S I</b> license, please put "NONE	LICENSE N	UMB	<b>ER</b> and	d the	e state in whi	ch it was		
(26)	ls your	driver's license a Commerci	ial Driver's L	_icen:	se? [	] 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	Telephone # ()	
Employer or company		Telephone # ()	
Employer or company address			
Name and Title of most current sur	pervisor		
Full-time for: Yrs Mos Pa	rt-time for: Yrs Mos # of	employees supervised by you	
If you worked part-time, the number	r of hours worked per week	·	
<b>DUTIES IN ORDER OF IMPOR</b>			
REASON FOR LEAVING or desiring	ng a change		
B. NEXT MOST RECENT EMP	LOYMENT (or explain gap i	n employment)	
	,		
JOB IIITE		Starting Salary	Last Salary
Date employed	Date Separated	Starting Salary	
Employer or company		Telephone # ()	
Employer or company address			
Name and Title of most current sup	pervisor	employees supervised by you	
Full-time for: Yrs Mos Pa	rt-time for: Yrs Mos# of	employees supervised by you	
If you worked part-time, the numbe	r of hours worked per week		
DUTIES IN ORDER OF IMPOR	TANCE		
REASON FOR LEAVING			
C. NEXT MOST RECENT EMP	LOYMENT (or explain gap i	n employment)	
JOB TITLE		Starting Salary	Last Salary
JOB TITLE	Date Separated	e.ag ea.a.,	=ao: oa:a:
Employer or company		Telephone # ()_	
Employer or company address			
· · · ·			
Full-time for: Vrs Mos Pa	rt-time for: Vrs Mos # of	employees supervised by you	
If you worked part-time, the number	r of hours worked per week	employees supervised by you	
DOTIES IN ONDER OF IMPOR	TANCE		
REASON FOR LEAVING			
TIEAGON FOR ELAVING			
D. NEXT MOST RECENT EMP	LOYMENT (or explain gap i	n employment)	
JOB TITLE		Starting Salary	Last Salary
Date employed	Date Separated	<u> </u>	-
Employer or company		Telephone # ()	
Employer or company address			
Name and Title of most current sur	pervisor		
Full-time for: Yrs Mos Pa	rt-time for: Yrs Mos # of	employees supervised by you	
If you worked part-time, the number	r of hours worked per week		
DITTES IN ORDER OF IMPOR	TANCE		
DOTTED IN OTTDETT OF TIME OF			
REASON FOR LEAVING			

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

JOB TITLE	<u> </u>		Starting Salary	Last Salary
Date emplo	E	Date Separated		
Employer or	company		Telephone # ()_	
Name and	Title of most current supervisor			
Full-time for	: Yrs Mos Part-time f	or: Yrs Mos # of e	employees supervised by you	
If you worke	ed part-time, the number of hou	rs worked per week		
DUTIES IN	I ORDER OF IMPORTANCE			
REASON F	OR LEAVING			
TIE/TOOTT	011 <u>LL/11110</u>			
F. NEXT N	IOST RECENT EMPLOYME	ENT (or explain gap in	employment)	
IOR TITLE	:		Starting Salary	Last Salary
Date emplo	 ved	Date Separated	Starting Salary	Last Salaty
Employer of	company		Telephone # ()	Last Salary
Employer or	company address			
Name and	Fitle of most current supervisor	ov. Vro. Moo. # of .	employees supervised by you	
If you worke	ed part-time, the number of hou	01: Y1S 1V10S# 01 ( rs worked ner week	employees supervised by you	
DUTIES IN	ORDER OF IMPORTANCE	E		
DEACONE				
REASON F	OR LEAVING			
			past 12 months?? [ ] Yes ot automatically disqualify you	
	•	•	. , , , ,	,
(28) a.) Ha	ve you ever been dismissed	or forced to resign from	m any job held? [ ] Yes	[ ] No
b.)	Were you dismissed or force	ed to resign for discipli	nary reasons?  [ ] Yes	[ ] No
lt '	YES to "a" or "b", explain und	ier EXPLANATIONS. (	A YES will not automatically d	isqualify you.)
(29) May w	e contact vour present empl	over for reference prior	to an interview (if granted)?	[ ] Yes
			N/A (). If NO, explain unde	
		•		
<b>EXPLAN</b>	<u>ATIONS</u>			
ITEM#				
ITEM#				
ITEM #				
ITEM #				
Contifica	tion and Palagos (MUS	T DE CIONED AND D	ATED DELOWY	
	tion and Release (MUS		ATED BELOW) esents my background and experien	as Lunderstand that if I have
			ation during the application process,	
format o	r wording of this application form, I	may be disqualified for emp	loyment consideration or dismissed t	from employment with the Town.
	ze my current and former employer them from any damage whatsoever		garding me or my employment, wheth	ner or not it is on their records. I hereb
			cholastic ratings, as well as degrees	or certificates earned, to the Town of
Fletcher	; and associations, registration and	licensing boards and to other	ers to furnish whatever detail is availa	able concerning my qualifications.
	standing any provision of State or F ational institution under a promise o		e any right I have to review information	on the Town receives from an employe
			d/or Motor Vehicle Records Investiga	tion of my background.
<ul> <li>I unders</li> </ul>		or certain jobs, I may be tes	ted for drug and alcohol use to deter	
<ul> <li>I unders any time</li> </ul>	tand and acknowledge that should	I be employed by the Town of derstand that this "at will" em	of Fletcher, then I serve "at will". This uployment relationship may not be ch	s means that I may be terminated at anged by any written document or by
010114	IDE		_	
SIGNAT	JKE			DATE

# SUPPLEMENT TO TOWN OF FLETCHER EMPLOYMENT APPLICATION

The Town of Fletcher 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:		First	Middle
DATE OF	Last APPLICATION:	First	
II. SEX:	(Please circle)	Male	Female
III. ETHN	IIC CATEGORY: (Plea	ase circle)	
Black - O Hispanic or origin r Asian or the Pacific	origins in any of the Bla - Mexican, Puerto Rica regardless of race. Pacific Islander - Orig c Islands.	ck racial groups of Africa. an, Cuban, Central, or Sou gins in the Far East, South	Jorth Africa, or the Middle East. (Not Hispanic) uth American or other Spanish Culture least Asia, the Indian Subcontinent or le original peoples of North America.
HOW DIE	Newspaper (specify): Employment Security Job Line Employment Interest C Came to Municipal Bu	Commission	ow by placing a check beside the source)

### **SOCIAL SECURITY NUMBER (SSN)**

Providing this information as an applicant is voluntary and is only used as a personal identifier for internal record keeping. 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.

SS#:
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#### **DRUG SCREENING**

(Please circle)

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.

No

Date

If **male** and age 18 to 26, have you registered for Selective Service?

Yes

CEL	SERVICE	DECICED	ATION

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.

An Equal Opportunity/Affirmative Action Employer