

Town of Waynesville

Application for Employment

An Equal Opportunity Employer

16 S. Main St. * P.O. Box 100 * Waynesville, N.C. 28786 * (828) 452-2491

This application form is designed to protect individual rights and privacy and to ensure equal employment opportunity. All questions are considered important for employment and no other use is intended for the information you submit.

1.	Position(s) applied for:		Date:		_ (mm/dd/yy)	
	Name:					
	Last	First		Middle (If marrie	ed use Maiden)	
2.	Do you have a valid North	n Carolina Driver's License?	License	Number		
3.	Present Address					
		Street Address	City	State	Zip Code	
	Telephone (Home)		_ Telephone (Ce	II)		
	Email Address					
4.	When will you be availab	le for employment?			_	
5.	Are you age 18 or above?	If no, what is you	r birthdate?		(mm/dd/yy)	
6.	Have you ever worked be	fore for the Town of Wayne	esville? From _	(mm/ <u>yy)</u>	<u>T</u> o (mm/yy)	
7.	May we inquire of your p	resent employer regarding	your character, o	qualifications, etc.?		
8.	Are you related by blood	or marriage to any person ।	now employed b	y the Town?		
	If yes, give name, relation	nship and department empl	oying relative			
9.	Military Service: Are you	a veteran?				
		service (mm/yy) Da	•	from active servic	e (mm/yy	
10.	•	icted of an offense against		a bond?		

Note: a criminal record will not necessarily exclude you from employment. Such factors as the nature and gravity of the offense, the time passed since the conviction, and the nature of the job for which you have applied shall be considered. You may omit traffic violations of which you paid a fine of \$30 or less. A criminal records check will be done to verify this information. Failure to disclose information may result in rejection of your application.

11. REFERENCES. If you wish to list references, list persons who are not related to you and who have

161	ephone Nur	nber		Address	_		
Na	NameTelephone Number			Address			
					_		
EDUCATION. Give your complete educational history. Name of last high school attended							
Bey	ucation yond gh School	Name and Location	Attended From To Mo./Yr. Mo./Yr	Check Number Years Completed	Did you Graduate?	Degree or Diploma and Year Received	Major Subject
Un Gra	llege or iversity aduate or						
Oth Edu	ofessional ner ucation, ernships,						
				ou are licensed	, registered, or	certified, givin	g date(s)
					nputer software		

result in rejection of your application. Begin with your present or last position. If more space is needed, use a continuation sheet. Experience acquired more than 10 years ago may be summarized in one block if not applicable to the position(s) for which you are applying. A. Title of present or last position ______ Address ______ Address _____ Name and title of supervisor Number of employees supervised by you ______ Telephone number _____ Date employed _____ (mm/yy) Date Separated _____ (mm/yy) Number of hours worked per week ____ Starting salary _____ Last salary _____ Duties _____ Reason for leaving or desiring change B. Title of present or last position _____ Employer _____ Address ____ Name and title of supervisor Number of employees supervised by you ______ Telephone number _____ Date employed _____ (mm/yy) Date Separated _____ (mm/yy) Number of hours worked per week ____ Starting salary Last salary Duties _____ Reason for leaving or desiring change C. Title of present or last position _____ Employer _____ Address ____ Name and title of supervisor Number of employees supervised by you _____ Telephone number _____ Date employed ____ (mm/yy) Date Separated _____ (mm/yy) Number of hours worked per week ____ Starting salary _____ Last salary _____ Duties Reason for leaving or desiring change

16. **EMPLOYMENT RECORD**. Answer questions for each period of employment. Include military service and previous employment with the Town of Waynesville. Failure to give complete information may

Title of present or last position							
Employer Address							
Name and title of supervisor Telephone number Telephone number							
Date employed (mm/yy) Date Sepworked per week				ot	hour		
Starting salary							
Duties							
Reason for leaving or desiring change _							
Title of present or last position							
Employer	Addre	SS					
Name and title of supervisor							
Number of employees supervised by yo	ou	Telephone number					
Date employed (mm/yy) Date Sepworked per week	parated	(mm/yy)	Number	of	hour		
Starting salary	Last salary						
Duties							
Reason for leaving or desiring change _							
CERTIFICATE OF APPLICANT							
I certify that I have given true, accurate	I certify that I have given true, accurate and complete information on this form to the best of my						
knowledge. I hereby authorize the Town of Waynesville to investigate my past employment,							
performance, salary and educational history as well as my criminal background; to gather any							
other information necessary to process my application for employment; and to administer any							
pre-employment testing, including but not limited to a pre-employment drug test, that is necessary. I also understand and acknowledge that a negative pre-employment drug test is a							
condition of employment with the Town of Waynesville. I also understand that if I am hired, I will							
be required to provide proof of identity and legal authorization to work in the United States and							
that federal immigration laws require me to complete an I-9 Form in this regard.							
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		Applicant's Elect	ronic Signa	ture			