



APPLICATION FOR EMPLOYMENT

City of Asheboro
Human Resources Department
225 East Academy Street
Asheboro, NC 27203

Please be sure that you complete all sections of this application completely and accurately to the best of your ability. Your application will be used as a part of the examination process and, therefore, should accurately represent your best effort. (For some positions you may be asked to complete a supplemental application.) Indicate one position only on application.

ANSWER ALL QUESTIONS—PLEASE PRINT OR TYPE YOUR NAME

POSITION APPLIED FOR _____ DATE _____

NAME _____
(Last) (First) (Middle)

PRESENT MAILING ADDRESS:

(Street & No.) (City) (State) (Zip)

PERMANENT MAILING ADDRESS (IF DIFFERENT):

(Street & No.) (City) (State) (Zip)

TELEPHONE _____
(Home) (Business) (Other—indicate whose number)

EMAIL ADDRESS _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO STATE _____ NUMBER _____

TYPE: REGULAR COMMERCIAL CLASS: A B C ENDORSEMENTS: _____

It is the policy of the City of Asheboro to foster, maintain and promote equal employment opportunity. Offers of employment are made on the basis of an applicant's qualifications for the job and without regard to age, sex, race, color, disability, national origin or political affiliation.

SKILLS DATA

Typing WPM: _____

Kind of office equipment operated: _____

Kind of computer software used: _____

EDUCATION (Give Complete Educational History Below)

MILITARY DATA

Are you a veteran? Yes No
 Branch of service: _____
 Dates of active duty: _____
 Service number: _____
 Rank upon separation: _____
 Were you honorably discharged? Yes No

	Name and Location	# Years Completed	Did you graduate?	Degree/Certificate	Major Subject
High School			<input type="checkbox"/> Diploma <input type="checkbox"/> Equivalency <input type="checkbox"/> No		
College or University					
Graduate or Professional School					
Other Education					

EMPLOYMENT DATA

Please provide your employment history beginning with your present or most recent employer and list all positions held, including military, part-time, summer and significant volunteer work for the last 10 years. If additional space is needed to list your 10-year work history, or if you would like for experience beyond the requested 10-year time period to be considered, please place this information on additional sheets and attach these sheets to the end of this application.

Job title _____ Starting Salary _____ Present/Final Salary _____

Name and address of employer: _____

Date Employed:
Date Separated:
Full Time: Yrs. Mos.
Part Time: Yrs. Mos.
If Part Time, number of hours worked per week:

Description of duties, responsibilities and accomplishments: _____

Number of employees supervised by you: _____ Name of immediate supervisor: _____

Phone number of supervisor: _____ Reason for leaving: _____

May we contact your present employer? Yes No

If no, please list the name and phone number of someone knowledgeable of your work who we may contact: _____ Job title _____

Starting Salary _____ Present/Final Salary _____

Date Employed:
Date Separated:
Full Time: Yrs. Mos.
Part Time: Yrs. Mos.
If Part Time, number of hours worked per week:

Name and address of employer: _____

Description of duties, responsibilities and accomplishments: _____

Number of employees supervised by you: _____ Name of immediate supervisor: _____

Phone number of supervisor: _____ Reason for leaving: _____

May we contact your present employer? Yes No

If no, please list the name and phone number of someone knowledgeable of your work who we may contact: _____

Job title _____ Starting Salary _____ Present/Final Salary _____

Name and address of employer: _____

Date Employed:	_____		
Date Separated:	Description of duties, responsibilities and accomplishments: _____		
Full Time:	_____		
Yrs. Mos.	_____	_____	Number of
Part Time:	employees supervised by you: _____ Name of		
Yrs. Mos.	_____	_____	immediate supervisor: _____
	Phone number of		
If Part Time, number of hours worked per week:	_____	_____	supervisor: _____ Reason for
	leaving: _____		
	May we contact		
	your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If no, please list the name and phone number of someone knowledgeable of your work		
	who we may contact: _____		

Job title _____ Starting Salary _____ Present/Final Salary _____

Date Employed:	_____		
Date Separated:	Name and address of employer: _____		
Full Time:	Description of duties, responsibilities and accomplishments: _____		
Yrs. Mos.	_____	_____	_____
Part Time:	_____		
Yrs. Mos.	_____	_____	Number of
	employees supervised by you: _____ Name of		
If Part Time, number of hours worked per week:	_____	_____	immediate supervisor: _____
	Phone number of		
	supervisor: _____ Reason for		
	leaving: _____		
	May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If no, please list the name and phone number of someone knowledgeable of your work who we may		
	contact: _____		

PERSONAL DATA

Are you legally authorized to work in the United States? Yes No

Have you ever been convicted of any offense against the law (including minor traffic violations)? Yes No

(Note: The City of Asheboro does not consider a conviction to be an automatic bar to employment.)

If yes, please explain the nature of the conviction and the final disposition of the case.

Do you have any relatives currently employed by the City of Asheboro? Yes No

If yes, who, in what position and in what department are they employed? What is the relationship? _____

Please indicate any special skills, accomplishments, special training or published works you have which are relevant to the position for which you are applying. _____

REFERENCE DATA

Please list three persons who are not related to you and who have a definite knowledge of your work. Do not repeat the names of supervisors listed in the Employment Data section.

Name _____ Home Phone: _____ Business Phone: _____

(Street & No.) (City) (State) (Zip)

Name _____ Home Phone: _____ Business Phone: _____

(Street & No.) (City) (State) (Zip)

Name _____ Home Phone: _____ Business Phone: _____

(Street & No.) (City) (State) (Zip)

DECLARATION OF APPLICANT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and release of pertinent information to the City of Asheboro as may be necessary in arriving at an employment decision. In the event of my employment, I understand that false or misleading information given in my application or interview(s) as well as a failure to abide by all rules and regulations of the City of Asheboro may result in the termination of my employment.

If I receive a conditional offer of employment, I understand that I must consent to and cooperate with a physical examination, drug screening and a more thorough background investigation in order to complete the hiring process. I also understand and agree that employment with the City of Asheboro is contingent on the successful completion of any and all items listed in the conditional offer of employment.

I understand and agree that if an offer of employment is made to me, such employment will be considered employment at will, which means that I will not be offered a contract and that employment with the city may be terminated at any time by either me or the City without cause.

Signature

Date