

# Town of Grifton Employment Application

INSTRUCTIONS: Applications must be completed, signed and dated to receive employment consideration. Applications not filled out completely will not be considered for employment. It is important that you fill out all sections of this application completely and to the best of your ability. PLEASE TYPE OR PRINT LEGIBLY.

## 1. PERSONAL DATA

Today's Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone -- Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

If no phone, where can you be reached? \_\_\_\_\_ Are you between the ages of 18-70? \_\_\_\_\_ If NOT, what is your birth date? \_\_\_\_\_

NC Drivers License License Number: \_\_\_\_\_

CDL: Yes No Restrictions: \_\_\_\_\_ Current: Yes No

**Citizenship:** I certify that I am

- a U.S. citizen                       a non-citizen with permanent work authorization  
 a non-citizen with renewable work authorization

## 2. WORK PREFERENCES

In general, what position or type of work are you applying for? \_\_\_\_\_

Date available to start: \_\_\_\_\_ Minimum acceptable salary \_\_\_\_\_

Are you seeking:    Full-time                       Part-time                       Temporary                       Seasonal

## 3. EDUCATION

HIGH SCHOOL	OR	GED	COLLEGE - UNIVERSITY			
CIRCLE NO. YEARS COMPLETED 0 1 2 3 4 GRADUATED? YES NO		RECEIVED GED CERTIFICATE? YES NO	CIRCLE NO. YEARS COMPLETED 0 1 2 3 4	GRADUATED? YES NO		
BUSINESS, TRADE OR CORRESPONDENCE SCHOOL NAME AND LOCATION		FROM TO	SUBJECTS	COMPLETED?		
				YES NO		
				YES NO		
TECHNICAL - PROFESSIONAL LICENSE		NUMBER STATE ISSUED	DATE ISSUED	CURRENT		
				YES NO		

**EDUCATION (con't)**

NAMES OF COLLEGES OR UNIV. ATTENDED UNDERGRADUATE (NAME/CITY/STATE)	MAJOR/MINOR	DATES ATTENDED		DEGREE EARNED	DATE AWARDED
		FROM	TO		
GRADUATE (NAME/CITY/STATE)					

**4. EMPLOYMENT HISTORY**

List and describe your work experience separately by title. Begin with your present position and work backwards.

Currently Employed By \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Telephone \_\_\_\_\_ Date Employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_ Number of employees supervised by you \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Can we contact your current employer? YES NO

Previously Employed By \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Telephone \_\_\_\_\_ Date Employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_ Number of employees supervised by you \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

**EMPLOYMENT HISTORY (con't)**

Reason for Leaving \_\_\_\_\_

Previously Employed By \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Telephone \_\_\_\_\_

Date Employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Number of employees supervised by you \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Previously Employed By \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Telephone \_\_\_\_\_

Date Employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Number of employees supervised by you \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**5. GENERAL QUESTIONS**

- a. Have you ever been employed with the Town of Grifton?  Yes  No

If yes, when and what department? \_\_\_\_\_

- b. Are you related by blood or marriage to any town employee?  Yes  No

If yes, give name, relationship and department \_\_\_\_\_

\_\_\_\_\_

- c. Indicate equipment you operate which may be used in the type of employment you are seeking (office equipment, copiers, computer, machine tools, vehicles, cleaning equipment, construction equipment, electronic equipment). \_\_\_\_\_

\_\_\_\_\_

- d. Indicate any information regarding your training, qualifications, and skills not covered elsewhere on this application (languages, software, special equipment etc). \_\_\_\_\_

\_\_\_\_\_

- e. How did you learn about employment opportunities with the Town of Grifton? \_\_\_\_\_

\_\_\_\_\_

If your answer to any of the following questions is "YES" please attach a detailed explanation.

- f. Have you ever been fired from a job?  Yes  No

- g. Have you ever pled guilty to or been found guilty of any criminal offense or been convicted of any offense other than a minor traffic violation?  Yes  No

\*\*NOTE: A conviction record will not necessarily exclude you from employment.

The nature of the offense, when it occurred and its job-relatedness will be considered.

- h. Do you have any pending criminal charges against you?  Yes  No

\*\*NOTE: An affirmative response will not necessarily exclude you from employment.

The nature of the offense, when it occurred and its job-relatedness will be considered.

## 6. PERSONAL REFERENCES

Please do not list family relatives. We recommend listing persons such as co-workers, teachers, etc., who have knowledge of your qualifications for the position for which you are applying. Do not repeat names of supervisors listed with your employment record unless they can no longer be contacted at those addresses.

a. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

b. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

c. Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

### **Certification and Statement of Understanding**

I certify that all of the information furnished in this employment application and its addenda are true and complete to the best of my knowledge. I understand that the Town of Grifton may investigate the information I have furnished. I authorize any person, firm, or organization to supply any information about me concerning any past employment, military duties, convictions, or personal information to the Town of Grifton. I further release any such person, firm, or organization from any responsibility in disclosing such information, including from all liability for any damage that may result from furnishing such information to the Town.

I authorize the Town to obtain information regarding my record with the Bureau of Motor Vehicles if the position for which I am applying requires driving. I realize that any misrepresentation, omission or false information included in the application materials or provided in the interview process can lead to the withdrawal of an offer of employment or to termination from employment. The Town of Grifton is a drug-free workplace. Individuals offered employment by the Town of Grifton might be required to successfully complete a pre-employment physical and drug testing. Individuals who refuse to take or who fail the drug test, after being informed, will be removed from employment consideration.

Signature \_\_\_\_\_ Date \_\_\_\_\_