



Town of Carthage

EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Applications will be accepted only for positions for which the Town is recruiting and may be hand delivered or mailed to 4396 Highway 15-501, Carthage, NC 28327 or emailed to townclerk@townofcarthage.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 by 5 pm on the closing date posted to ensure consideration. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," APPLY IMMEDIATELY.

CURRENT INFORMATION

Position Applying for: _____ Date of Application: _____

Date You Are Available to Start Work? Immediately 2 Weeks Other: _____

Type of work you are seeking. Regular Full Time Regular Part Time Temporary/Prefer Regular Temporary Only

LAST Name	FIRST Name	MIDDLE Name
MAILING Address	CITY, STATE, ZIP	Are You 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what is your date of birth? _____
HOME / CELL Phone	BUSINESS Phone	EMAIL Address

GENERAL INFORMATION

(If you need to explain any answer, please use the space under the section labeled EXPLANATIONS on page five (5) of this application.)

Apart from absences for religious observances, please check all conditions that you are willing to accept.

- | | | | | | |
|------------|-------------------------------------|---------------------------------------|-----------------------------------|--|----------------------------------|
| OCCASIONAL | <input type="checkbox"/> Night Work | <input type="checkbox"/> Weekend Work | <input type="checkbox"/> Overtime | <input type="checkbox"/> Rotating Shifts | <input type="checkbox"/> On-Call |
| REGULAR | <input type="checkbox"/> Night Work | <input type="checkbox"/> Weekend Work | <input type="checkbox"/> Overtime | <input type="checkbox"/> Rotating Shifts | <input type="checkbox"/> On-Call |
| FREQUENT | <input type="checkbox"/> Night Work | <input type="checkbox"/> Weekend Work | <input type="checkbox"/> Overtime | <input type="checkbox"/> Rotating Shifts | <input type="checkbox"/> On-Call |

- Have you ever been employed with the Town of Carthage? Yes No
If YES, what department and when? _____
- Have you applied to the Town before? Yes No
If YES, give name, relationship, and department: _____
- Are you willing to accept a salary within the advertised normal starting salary range? Yes No
- Are you now or were you previously related in any way to a Town employee? Yes No
If YES, what position and when? _____
- Are you able to perform all of the duties of the job you have applied for? Yes No
- Are you an American citizen or do you currently have authorization to work in the U.S.? Yes No
- Did you receive any of your education or employment experience under another name? Yes No
(If YES, please explain under the EXPLANATIONS section.)

EDUCATION *(Please provide your complete history)*

	Name & Location of Institution	Years Attended MM/YYYY	Did You Graduate	Degree/Diploma/ Certificate Earned or # of Years	Major / Minor
High School		From _____ To _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College(s) University(ies)		From _____ To _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate or Professional Schools		From _____ To _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical Institutes, Internship, Other		From _____ To _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		

KNOWLEDGE, SKILLS & ABILITIES

8. Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. Also indicate any software applications with which you have skill.

- | | |
|----------|----------|
| a. _____ | e. _____ |
| b. _____ | f. _____ |
| c. _____ | g. _____ |
| d. _____ | h. _____ |

REGISTRATIONS, LICENSES, CERTIFICATIONS

9. List fields of work for which you have been registered, licensed, or certified:

Registration: _____ State: _____ No: _____ Exp. Date: _____

Registration: _____ State: _____ No: _____ Exp. Date: _____

Other: _____

10. Please list your VALID DRIVER'S LICENSE NUMBER and the state in which it was issued.

DL# _____ State: _____ Is it a Commercial License? Yes No If yes, Class: _____

EMPLOYMENT / EXPERIENCE

11. Have you had disciplinary action taken against you in the past 12 months? Yes No
(If yes, please explain under the EXPLANATIONS section.)
12. Have you ever been dismissed or forced to resign from any job held? Yes No
If so, was it for disciplinary reasons? Yes No *(If you answered "Yes" to either question, please write an explanation.)*
13. May we contact your present employer for a reference prior to granting an interview? Yes No Not employed
(If you answered "Yes", please write an explanation under the EXPLANATIONS section.)

EMPLOYMENT / EXPERIENCE (continued)

Record your complete work history in the spaces below. If needed, additional sheets containing the same information, 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	Ending Salary
Employer or Company	Date Employed	Date Separated
Employer or Company Address	Phone Number	<input type="checkbox"/> FT <input type="checkbox"/> PT <i>If PT, # hours worked per week?</i> _____
Name & Title of Most Current Supervisor	Worked FT? ____yrs ____mo	Worked PT? ____yrs ____mo # Supervised by You
Duties In Order of Importance _____ _____		
Reason for Leaving or Desiring a Change _____		

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

Job Title	Starting Salary	Ending Salary
Employer or Company	Date Employed	Date Separated
Employer or Company Address	Phone Number	<input type="checkbox"/> FT <input type="checkbox"/> PT <i>If PT, # hours worked per week?</i> _____
Name & Title of Most Current Supervisor	Worked FT? ____yrs ____mo	Worked PT? ____yrs ____mo # Supervised by You
Duties In Order of Importance _____ _____		
Reason for Leaving or Desiring a Change _____		

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

Job Title	Starting Salary	Ending Salary
Employer or Company	Date Employed	Date Separated
Employer or Company Address	Phone Number	<input type="checkbox"/> FT <input type="checkbox"/> PT <i>If PT, # hours worked per week?</i> _____
Name & Title of Most Current Supervisor	Worked FT? ____yrs ____mo	Worked PT? ____yrs ____mo # Supervised by You
Duties In Order of Importance _____ _____		
Reason for Leaving or Desiring a Change _____		

EMPLOYMENT / EXPERIENCE (continued)

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

Job Title	Starting Salary	Ending Salary
Employer or Company	Date Employed	Date Separated
Employer or Company Address	Phone Number	<input type="checkbox"/> FT <input type="checkbox"/> PT <i>If PT, # hours worked per week?</i> _____
Name & Title of Most Current Supervisor	Worked FT? ____yrs ____mo	Worked PT? ____yrs ____mo # Supervised by You
Duties In Order of Importance _____ _____		
Reason for Leaving or Desiring a Change _____		

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

Job Title	Starting Salary	Ending Salary
Employer or Company	Date Employed	Date Separated
Employer or Company Address	Phone Number	<input type="checkbox"/> FT <input type="checkbox"/> PT <i>If PT, # hours worked per week?</i> _____
Name & Title of Most Current Supervisor	Worked FT? ____yrs ____mo	Worked PT? ____yrs ____mo # Supervised by You
Duties In Order of Importance _____ _____		
Reason for Leaving or Desiring a Change _____		

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

Job Title	Starting Salary	Ending Salary
Employer or Company	Date Employed	Date Separated
Employer or Company Address	Phone Number	<input type="checkbox"/> FT <input type="checkbox"/> PT <i>If PT, # hours worked per week?</i> _____
Name & Title of Most Current Supervisor	Worked FT? ____yrs ____mo	Worked PT? ____yrs ____mo # Supervised by You
Duties In Order of Importance _____ _____		
Reason for Leaving or Desiring a Change _____		

ADD ADDITIONAL SHEETS IF NECESSARY

EXPLANATIONS

Item #: _____

Item #: _____

Item #: _____

Item #: _____

Item #: _____

CERTIFICATION AND RELEASE (Must be signed and dated below)

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the Town receives from an employer or educational institution under a promise of confidentiality.
- I also permit the Town to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background where related to the job for which I am applying.
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently using or abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by the Town, then I serve "at will". This means that I may be terminated at any time. I further understand that this "at will" employment relationship may not be changed by any written document unless such change is specifically approved by the Town Manager

Signature of Applicant

Date



Town of Carthage

SUPPLEMENT TO EMPLOYMENT APPLICATION

The Town of Carthage 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.

SECTION 1 – General Information

Name: _____
LAST FIRST MIDDLE

Position Applied For: _____ Date of Application: _____

SECTION 2 – Sex

Male Female

SECTION 3 – Ethnic Category

White African American / Black Hispanic Asian/Pacific Islander American Indian/Alaskan Native

HOW DID YOU LEARN OF THIS OPENING?

- Newspaper
- Employment Security Commission
- Came to Municipal Building
- Internet
- Other: _____

SELECTIVE SERVICE REGISTRATION

If MALE and age 18 to 26, have you registered for Selective Service? Yes No

If not, you will have 30 days to comply if selected for a position, as required by Federal Law.

DRUG SCREENING

All FINAL applicants 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.

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.

Applicant Signature

Date