



APPLICATION FOR EMPLOYMENT CITY OF HENDERSON

INSTRUCTIONS

Please Read and Follow Carefully

1. Please complete **all** sections of this application in full. Incomplete applications will not be considered for employment. Use additional "continuation sheets" as necessary to show all previous employment and breaks in employment.
2. A separate application must be completed for each position for which you apply. Resumes are welcomed as a supplement, but may not be substituted for the employment application.
3. Applications are accepted Monday-Friday, 8:30 am-5:00 pm, except holidays, and must be **received in the Human Resources Department by 5:00 pm on the closing date** indicated for each position. Applications, resumes, transcripts, letters of reference and other information submitted will become the property of the City and cannot be returned.
4. Applications that are received unsigned or after the closing date will not be processed. Applicants who **DO NOT** meet the minimum requirements for the position will not be considered for employment.
5. Applicants will be required to furnish documentation certifying their identity and eligibility to work in the United States as a condition of employment.
6. **THE CITY DOES NOT ACCEPT APPLICATIONS RANDOMLY. APPLICATIONS WILL ONLY BE ACCEPTED FOR CURRENT JOB OPENINGS.**

PLEASE TYPE OR PRINT CLEARLY IN INK

Date: _____

Position applying for: _____

Date available for work: _____ Part-time ___ Full-Time ___

Full Name: _____

Present Address: _____

Street & No. _____ City _____ State _____ Zip Code _____

County of Residence: _____

Home Phone No.: _____ Alternate Contact No.: _____

Willing to Work Rotating Shifts: _____

City of Henderson
Attention: Human Resources Department
Post Office Box 1434, 134 Rose Avenue, Henderson, NC 27536
(252) 430-5729 • Fax (252) 492-7935
cohjobs@ci.henderson.nc.us

GENERAL INFORMATION

Are you, or have you ever been, employed by the City? Yes ___ No ___
 If yes, where? Please indicate department, dates and name used (if different): _____

Are you related by blood or marriage to any person now employed by the City? Yes ___ No ___
 If yes, who? Please indicate name, relationship and department: _____

Have you ever been employed by another City or Town? Yes ___ No ___
 Check types of work you will accept:
 Permanent Full-time ___ Permanent Part-time ___ Work involving travel ___
 Temporary Full-time ___ Temporary Part-time ___ Shift Work ___

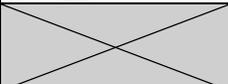
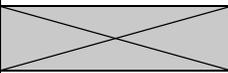
Have you ever been dismissed from work or forced to resign from any positions? Yes ___ No ___
 If yes, please explain: _____

Have you ever been convicted of an unlawful offense, other than a minor traffic violation? Yes ___ No ___
 If yes, please explain: _____

Note: A conviction record will not necessarily exclude you from employment. Factors such as age at the time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.

Do you have a valid North Carolina Driver's License? Yes ___ No ___ If yes, please provide license number, State of issuance and expiration date: _____

EDUCATION

	<i>High School</i>	<i>Vocational/Technical</i>	<i>College/University</i>	<i>Graduate/Professional</i>
School Name & Location				
Check Years Completed	9 ___ 10 ___ 11 ___ 12 ___ GED ___	1 ___ 2 ___	1 ___ 2 ___ 3 ___ 4 ___	1 ___ 2 ___ 3 ___ 4 ___
Dates Attended (mo/yr)		From: _____ To: _____	From: _____ To: _____	From: _____ To: _____
Graduate?	Yes ___ No ___	Yes ___ No ___ If yes, when? (mo/yr)	Yes ___ No ___ If yes, when? (mo/yr)	Yes ___ No ___ If yes, when? (mo/yr)
Diploma/Degree				
Credit Hours for Semester/Quarter				
Course of Study				

EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job and continuing in reverse order. Include periods of unemployment, self-employment, military service, internships and volunteer/summer work. Do not leave gaps in the history. Be sure to indicate whether employment was full-time or part-time; if part-time, state the average number of hours worked per week. Incomplete information will result in disqualification of your application.

If presently employed, may we contact your present employer? Yes_____ No_____

Employer:	Type of Organization:	Address:	Phone No.:
Job Title:	Name and Title of Supervisor:		No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)		
Full-time ____ # Years ____ # Months ____ Part-time ____ # Years ____ # Months ____ * If part-time, number of hours per week:			

Employer:	Type of Organization:	Address:	Phone No.:
Job Title:	Name and Title of Supervisor:		No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)		
Full-time ____ # Years ____ # Months ____ Part-time ____ # Years ____ # Months ____ * If part-time, number of hours per week: _____			

Employer:	Type of Organization:	Address:	Phone No.:
Job Title:	Name and Title of Supervisor:		No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)		

Full-time ____ # Years ____ # Months ____ Part-time ____ # Years ____ # Months ____ * If part-time, number of hours per week: _____					
Employer:		Type of Organization:	Address:		Phone No.:
Job Title:		Name and Title of Supervisor:			No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$ _____ per		Ending Salary: \$ _____ per		Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)				
Full-time ____ # Years ____ # Months ____ Part-time ____ # Years ____ # Months ____ * If part-time, number of hours per week: _____					

Employer:		Type of Organization:	Address:		Phone No.:
Job Title:		Name and Title of Supervisor:			No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$ _____ per		Ending Salary: \$ _____ per		Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)				
Full-time ____ # Years ____ # Months ____ Part-time ____ # Years ____ # Months ____ * If part-time, number of hours per week: _____					

Employer:		Type of Organization:	Address:		Phone No.:
Job Title:		Name and Title of Supervisor:			No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$ _____ per		Ending Salary: \$ _____ per		Reason for Leaving:
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)				
Full-time ____ # Years ____ # Months ____ Part-time ____ # Years ____ # Months ____ * If part-time, number of hours per week: _____					

TRAINING

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

Certification: _____ State: _____ #: _____ Exp. Date: _____

Certification: _____ State: _____ #: _____ Exp. Date: _____

List internships, specific courses, workshops, training and/or memberships you may have had that relate to the position for which you are applying. Include credit hours or CEUs, if applicable:

SPECIAL SKILLS & QUALIFICATIONS

Indicate skills and abilities in the following areas which relate to the position for which you are applying. Please check all that apply and that you would be able to use immediately upon employment.

- | | |
|--|--|
| <input type="checkbox"/> Driver License | <input type="checkbox"/> Commercial Driver License (CDL) |
| <input type="checkbox"/> Typing ___ w.p.m. | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Foreign Language (specify) _____ |
| <input type="checkbox"/> Spreadsheets (specify) _____ | <input type="checkbox"/> Computer Hardware (specify) _____ |
| <input type="checkbox"/> Computer Programming (specify language) _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Adding Machine/Calculator | |

Summarize special job related skills and qualifications acquired from employment or other experience.

REFERENCES

List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying, such as co-workers, teachers, etc. DO NOT repeat the names of supervisors previously listed.

Name	Years Known	Organization	Home/Business Address & Phone No.
------	-------------	--------------	-----------------------------------

1. _____
2. _____
3. _____

CERTIFICATION

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. I understand that if I have knowingly misrepresented, omitted or falsified any of the application information, I will be disqualified for employment consideration or dismissed from employment with the City of Henderson. Prior to employment, I understand the City will require verification of education, licenses and/or certifications required for the position for which I have applied. In addition, I hereby authorize my current and former employers (including the U.S. Government and/or the U.S. Military), personal references, registration and licensing boards, and educational institutions listed on my application for employment, to provide the City of Henderson with any job-related information requested. I also permit the City of Henderson to conduct a police and court records investigation of my background if relevant to the job for which I am applying. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122-1)

Finally, I attest under penalty of perjury, that I am authorized to work in the United States.

Applicant's Signature: _____ Date: _____

(Unsigned applications will not be processed)

CONFIDENTIAL APPLICANT LOG

The City of Henderson is an equal opportunity employer. As part of the City's Equal Opportunity Program, the federal government requires us to compile summary data about applicants. This Confidential Applicant Data Sheet is intended to help collect this information. All responses are completely voluntary and will be used for statistical analysis only. This sheet will be removed by Human Resources and will not remain with your application. Refusal to respond will not result in adverse treatment of any applicant.

Name:	Date of Birth:	SSN#:
Position Applied for:	Sex:	Female Male

Referral Source: (Please mark box and name particular source, if applicable)

Newspaper _____	Employment Security Commission _____	Walk-In _____
Internet _____	Personal Referral _____	Printed Media _____

<p align="center">ETHNIC BACKGROUND</p> <p>___ White (Non-Hispanic origin)</p> <p>___ Black/African American (non Hispanic origin)</p> <p>___ American Indian or Alaskan Native</p> <p>___ Hispanic (Mexican, Puerto Rican, Cuban, Central/South American, Latino, regardless of race)</p> <p>___ Asian or Pacific Islander Origins in the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands</p> <p>___ Other or Multi-Ethnic/Racial</p>	<p align="center">VETERAN</p> <p>___ Vietnam Era Veteran - "a person (1a) who served on active duty between 8/5/64 and 5/7/75 for a period of more than 180 days, and any part of which occurred during the Vietnam era, and was discharged or released therefrom with other than a dishonorable discharge, or (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the Vietnam era, and (2) who was so discharged or released within 48 months preceding his application for employment covered under the</p>	<p align="center">DISABILITY</p> <p>Note: Reporting any disability is voluntary</p> <p>Any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.</p> <p>___ None/Prefer not to report</p> <p>___ Blind or severely visually impaired</p> <p>___ Deaf or severely hearing impaired</p> <p>___ Loss or limited use of arms and/or hands</p> <p>___ Non-ambulatory (must use</p>
---	---	---

<p style="text-align: center;">CITIZENSHIP</p> <p><input type="checkbox"/> Resident Foreign National (an alien who has been admitted for permanent residence - must have Alien Registration Receipt Card, form I-551)</p> <p><input type="checkbox"/> Non-Resident Foreign National (an alien admitted temporarily for specific purposes and periods of time)</p> <p><input type="checkbox"/> United States Citizen</p>	<p>Act.”</p> <p><input type="checkbox"/> Disabled Veteran - “a person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 percent or more, or rated at 10 to 20 percent in the case of a veteran who has been determined to have a serious employment handicap (section 1506 of Title 38) or a person who was discharged from active duty because of a service-connected disability.”</p> <p><input type="checkbox"/> Disabled Vietnam Era Veteran – both of the above.</p>	<p>wheelchair)</p> <p><input type="checkbox"/> Semi-ambulatory (limited mobility, but wheelchair not needed)</p> <p><input type="checkbox"/> Respiratory impairment</p> <p><input type="checkbox"/> Nervous System/neurological disorder</p> <p><input type="checkbox"/> Mental illness/emotional disturbance</p> <p><input type="checkbox"/> Learning disability</p> <p><input type="checkbox"/> Other</p> <p>_____</p> <p>_____</p> <p>_____</p>
---	---	--

MILITARY HISTORY/INFORMATION

(initial) I certify that I am registered with Selective Service.

(initial) I certify that I am not required to be registered with Selective Service because I am female.

I am in the armed service on active duty. Dates Entered: _____ Discharge Date: _____ Type of Discharge: _____

Any current reserves or military obligation? _____

I have not reached my 18th birthday. Can you provide required proof of your eligibility to work? Yes No

I am a citizen of the Federated States of Micronesia, or the Marshall Islands or a permanent resident of the Trust Territory of the Pacific Islands (Palau).

AUTHORIZATION TO OBTAIN A CONSUMER CREDIT REPORT AND/OR RELEASE OF INFORMATION

Pursuant to the federal Credit Reporting Act, I hereby authorize the City of Henderson and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of social security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records. I authorize the City of Henderson to disclose the information and data, including my social security number, (filled in at the bottom of this Authorization) to others for the purpose herein so forth.

I, _____ (*print your name*), authorize the complete release of records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish City of Henderson or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release the City of Henderson and each responding entity and its respective agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that a copy of this authorization may be used (in lieu of the original) to request information and shall have the same validity as the original.

I understand that, pursuant to the federal fair credit reporting act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's right will be provided to me.

PLEASE PRINT CLEARLY

FULL NAME: _____

MAIDEN LAST NAME (if applicable): _____

AUTHORIZATION RELEASE
PAGE 2 OF 2

PLEASE PRINT CLEARLY

NAME (Full): _____

MAIDEN NAME (if applicable): _____

PRINT ALL FORMER NAMES USED: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVER LICENSE NUMBER: _____

STATE ISSUED: _____

CURRENT STREET ADDRESS:

PRIOR RESIDENCE, PAST 7 YEARS:

DATES AT THIS ADDRESS: FROM _____ TO _____

Street *City* *State* *Zip*

DATES AT THIS ADDRESS: FROM _____ TO _____

Street *City* *State* *Zip*

By signing below, you are certifying that the above information is true and correct.

Signature: _____ Date: _____