Employment Application

Human Resources Department, City of Morganton, NC

PO Box 3448, Morganton, NC 28680-3448 | 305 E. Union St. Suite A100, Morganton, NC 28655 [www.morgantonnc.gov](http://www.morgantonnc.gov)

The City of Morganton is an equal opportunity employer. All applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

APPLICATIONS ARE ACTIVE FOR 30 DAYS ONLY.

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| APPLICANT INFORMATION | | | | | | | | | | | |
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| Date: |  | | | | Position for  which you are applying: | | |  | | | |
|  | | | | | | | | | | | |
| Minimum  acceptable salary: | |  | | | | Referred by: | |  | | | |
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| PERSONAL DATA - All information must be completed for application to be considered. | | | | | | | | | | | |
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| Name: |  | | | | |  | |  | | | |
|  | First Name | | | | | Middle Initial | | Last Name | | | |
| Present Mailing Address | | |  | | | | | | | | |
|  |  | | Street Address | | | | | | | | |
|  |  | |  | | | | |  | |  | |
|  |  | | City | | | | | State | | Zip Code | |
|  |  | |  | |  |  | |  | |  |  |
| Phone Numbers: | | |  | | |  | | | |  | |
|  |  | | Home | |  | Work | |  | | Cell |  |
| E-Mail Address: | | |  | | | | | | | | |
|  | | | | | | | | | | | |
| Are you 18 yrs old or older? ……………………………………………………………………………….. | | | | | | | | Yes | |  | No |
| If you answered “No,” what is your birth date: | | | | |  | | | | | | |
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| Is there any reason that you would not be able  to perform the job duties for the position for which you are applying? …………….. | | | | | | | | Yes | |  | No |
| If you answered “Yes,” list your reasons here: | | | | |  | | | | | | |
| If you need more space, please attach sheets. | | | | |
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| Are you related by blood or marriage  to any person(s) now employed by the City of Morganton? ………………………………. | | | | | | | | Yes | |  | No |
| If you answered “Yes,”  give the person’s name and relationship: | | | | |  | | | | | | |
| If you need more space, please attach sheets. | | | | |
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| Have you previously worked for the City of Morganton? …………………………………… | | | | | | | | Yes | |  | No |
| If you answered “Yes,”  list the dates and position you held: | | | | |  | | | | | | |
| If you need more space, please attach sheets. | | | | |
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| Were you ever in the U.S. Military Service or other military organization? ………… | | | | | | | | Yes | |  | No |
| If yes, was your discharge …………………… | | | | Honorable: | | | Dishonorable: | | Uncharacterized: | | General: |

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| EDUCATION | | | | | | | | | | |
| High School, City and State: | | | No. of Full Year’s  Work Completed | | Degree Awarded: | | | | Major / Field: | |
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| University or College, City and State : | | | No. of Full Year’s  Work Completed | |  | | Degree Awarded: | | Major / Field: | |
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| List special skills, training, certifications and/or fields of work for which you are licensed, registered or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied: | | | | | | | | | | |
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| If you did not graduate from high school, have you passed the General Education Development (GED) Test? ………................................................................ | | | | | | | | Yes |  | No |
| If you answered “Yes,” when and where did you complete the GED? | | | |  | | | | | | |
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| RESIDENCES - List addresses for the past 10 years starting with present address at top: | | | | | |
| From:  Month and Year | | To:  Month and Year | | Street Address | City, State and Zip Code |
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| EMPLOYMENT HISTORY | | | | | | | |
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| Have you ever been discharged  or requested to resign from any position? ………………….................. | | | | Yes |  | No |  |
| If you answered “Yes,” please give details: | | |  | | | | |
| If you need more space, please attach sheets. | | |
| In the course of employment,  have you ever been disciplined or demoted? …………..……………….. | | | | Yes |  | No |  |
| If you answered “Yes,” please give details: | | |  | | | | |
| If you need more space, please attach sheets. | | |
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| LIST ALL JOBS YOU HAVE HELD.  Put your present or most recent job first. If you need more space, please attach additional sheets. Please fill out completely, including supervisor name and phone number. | | | | | | | |
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| Current / last  position title: | |  | | | Employer: |  | |
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| Date employed: | |  | | | Phone #: |  | |
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| Date separated: | |  | | | Address: | | |
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| Salary: | |  | | |
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| Supervisor’s name and title: | |  | | | | | |
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| Duties: | |  | | | | | |
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| Reason for leaving: | |  | | | | | |
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| If this is your current employer, may we contact them for a reference? Yes  No | | | | | | | |
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| Previous position title: |  | Employer: |  |
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| Date employed: |  | Phone #: |  |
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| Date separated: |  | Address: | |
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| Salary: |  |
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| Supervisor’s name and title: |  | | |
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| Duties: |  | | |
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| Reason for leaving: |  | | |
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| Previous position title: |  | Employer: |  |
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| Date employed: |  | Phone #: |  |
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| Date separated: |  | Address: | |
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| Salary: |  |
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| Supervisor’s name and title: |  | | |
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| Duties: |  | | |
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| Reason for leaving: |  | | |
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| Previous position title: |  | Employer: |  |
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| Date employed: |  | Phone #: |  |
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| Date separated: |  | Address: | |
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| Salary: |  |
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| Supervisor’s name and title: |  | | |
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| Duties: |  | | |
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| Reason for leaving: |  | | |
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| --- | --- | --- | --- |
| Previous position title: |  | Employer: |  |
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| Date employed: |  | Phone #: |  |
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| Date separated: |  | Address: | |
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| Salary: |  |
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| Supervisor’s name and title: |  | | |
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| Duties: |  | | |
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| Reason for leaving: |  | | |
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| CRIMINAL OFFENSE RECORD AND LICENSE INFORMATION | | | | | | | | | | | |
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| Have you ever been convicted of a felony? ……….……………………… | | | | | | Yes |  | | No | |  |
| If you answered “Yes,” please give details: | | | | |  | | | | | | |
| If you need more space, please attach sheets. | | | | |
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| Have you ever been placed on probation? ……………….………………. | | | | | | Yes |  | | No | |  |
| If you answered “Yes,” please give details: | | | | |  | | | | | | |
| If you need more space, please attach sheets. | | | | |
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| Do you possess a valid driver’s license? ……….…………………………… | | | | | | Yes |  | | No | |  |
| Number: |  | | | State issued by: | |  | | Expiration Date: | |  | |
|  | |  |  | |  |  |  | |  | |  |
| Do you possess a CDL? …………………………………….………………………. | | | | | | Yes |  | | No | |  |
| If you answered “Yes,” please list endorsements: | | | | |  | | | | | | |
|  | |  |  | |  |  |  | |  | |  |
| Was your license ever suspended or revoked? ……….……............... | | | | | | Yes |  | | No | |  |
| If you answered “Yes,” please give details: | | | | |  | | | | | | |
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|  | |  |  | |  |  |  | |  | |  |
| Was your license ever restored? ………………………………................... | | | | | | Yes |  | | No | |  |
| If you answered “Yes,” please give the date: | | | | |  | | | | | | |
| If you need more space, please attach sheets. | | | | |
|  | |  |  | |  |  |  | |  | |  |
| Have your driving privileges ever been restricted? …………………… | | | | | | Yes |  | | No | |  |
| If you answered “Yes,” please give details: | | | | |  | | | | | | |
| If you need more space, please attach sheets. | | | | |

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| BRIEFLY EXPLAIN YOUR REASONS FOR APPLYING FOR THIS POSITION. |
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| REFERENCES  Please list three people who are familiar with your work experience and qualifications. Please do not list relatives. Do not repeat the names of supervisors listed in the Employment History section of this application. | | | |
| Name | Address | Relationship | Telephone # |
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NOTICE TO APPLICANTS

Prior to an offer of employment being extended to an applicant, a thorough background check, including a credit check and/or criminal record check, may be conducted. Credit checks are conducted for positions that handle funds, have access to personal property or certain other positions. Upon a job offer being extended and accepted, all full time candidates are required to participate in a medical screening and drug test prior to employment.

APPLICANT CERTIFICATION

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omission of information will subject me to disqualification or dismissal.

I authorize the City to obtain any information regarding my employment, together with any information regarding me whether or not it is in my records. I hereby release the City from any liability whatsoever for disclosing same. I understand a criminal record check, credit check, and related checks will be conducted.

Employment with the City of Morganton is on an “at-will” basis and is for no definite period and may, regardless of the date or method of payment of wages or salary, be terminated at any time with or without cause. Other than the City Manager, no department director, supervisor or other person, irrespective of title or position, has authority to alter the at-will status of any employment or to enter into any employment contract for a definite period of time with anyone. Any agreement altering at-will status must be in writing and signed by the City Manager.

*This application is not an offer of employment nor should it lead to an expectation of employment.*

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| Signature in full | Date |

Rev. 01/2017

EEO Voluntary Self-Identification

Human Resources Department, City of Morganton, NC

PO Box 3448, Morganton, NC 28680-3448 | 305 E. Union St. Suite A100, Morganton, NC 28655 [www.morgantonnc.gov](http://www.morgantonnc.gov)

The City of Morganton is an equal opportunity employer. **Your completion of this form is entirely voluntary. The information provided or the refusal to provide it does not influence our screening or hiring decisions**. Please complete the information below. Your answers will be kept confidential and separate from your application for employment.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | |  |  |
|  | First Name | | | Middle Initial | Last Name |
|  | | | | | |
| Date: |  | | Position for  which you are applying: | |  |
|  | | | | | |
|  | | | | | |
| E-Mail Address: | |  | | | |

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| HOW DID YOU HEAR ABOUT THIS JOB? | | |
|  | | |
| Current Employee |  | |
| Friend or Relative |  | |
| City of Morganton website |  | |
| City Social Media | Facebook  Twitter  Other: | |
| NC Works (ESC) website |  | |
| Newspaper (please list) |  |  |
| Employment Agency (please list) |  |  |
| Other (please list) |  |  |

*I do not wish to complete the information below.*

|  |  |  |
| --- | --- | --- |
| Sex: | Male | Female |
|  | | |
| Race/Ethnicity: | American Indian / Alaskan Native | Native Hawaiian / Other Pacific Islander |
|  | Asian | Two or more races (not Hispanic or Latino) |
|  | Black / African American | White / Caucasian |
|  | Hispanic / Latino |  |
|  |  |  |

Race/Ethnic Definitions available upon request.

Rev. 01/2016