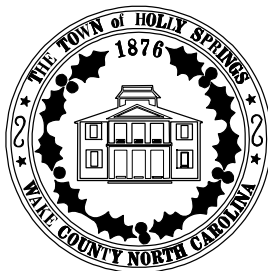


Town of Holly Springs EMPLOYMENT APPLICATION



Town of Holly Springs
Human Resources
P.O. Box 8
Holly Springs, NC 27540
(919) 557-2922
www.hollyspringsnc.us

INSTRUCTIONS: It is important that you fill out all sections of this application 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.

Current Information

Position Applied For _____ Date _____

When will you be available for employment? _____ Are you seeking: Full Time Part Time
 Temporary Summer Work

NAME _____
Last First Middle

ADDRESS _____
Street & No. or P.O. Box City State Zip

TELEPHONE _____
Home Business

If neither, where can you be reached? _____

Driver License Number _____ State _____ Exp. Date _____ Social Security Number: _____ *

General Information (Attach additional sheet if needed)

a. Have you ever been employed with the Town of Holly Springs? YES NO
If yes, what department and when? _____

b. Apart from absences for religious observances, check conditions that you are willing to accept.
Occasional: night work weekend work overtime rotating shifts "on call"
Regular: night work weekend work overtime rotating shifts "on call"

c. Are you related by blood or marriage to any Town employee? YES NO
If yes, give name, department and relationship: _____

d. Are you a U.S. citizen? If no, you must be legally authorized to work in the U.S. and must provide work authorization documents before you begin work. YES NO

e. Have you **EVER** been convicted, under any name, of an offense against the law, other than a minor traffic violation? Offenses include, but are not limited to, driving while impaired, simple worthless check, and **ANY** misdemeanor or felony, even if resolved outside of court. A conviction does not mean you cannot be hired; the offense and how recently you were convicted will be evaluated in relation to the job for which you are applying. YES NO
If yes, fully explain each, giving dates and details. Use additional sheets, if necessary, and sign and date each.

f. Did you receive any of your education or employment experience under another name? YES NO
If yes, please give the name and the dates: _____

Education

Give your complete education history below:

High School Name _____ City _____ State _____

Have you received a high school diploma or equivalent? Yes No

Circle highest school year completed
1 2 3 4 5 6 7 8 9 10 11 12

Education Beyond High School	Name and Location	Attended		Number Years Completed	Degree or Diploma	Year Received	Major Subject
		From (Mo. / Yr.)	To (Mo. / Yr.)				
Business College or University							
Graduate, Professional, Other							

Skills, Certifications

List any Professional Registrations/Licenses/Certifications (Examples: CPA, EMT, CPR, Licensed Electrician):

List any training, classes or workshops you attended that are related to the position applied for: _____

Typing/Word Processing _____ WPM
List office equipment you can operate:

List computer systems/software programs you can use effectively:

Do you have a Commercial Driver's License?
 Yes No

License No. _____
State _____ Exp. Date _____

Class A Class B Class C

Do you have a vehicle you can use on the job?
 Yes No

Operation of Automotive Equipment:

Trucks / Dump Trucks Yes No

Backhoe Yes No

Front End Loader Yes No

Other _____

Employment History

Record your complete work history in the spaces below. Begin with your current or most recent employer first. Attach sheets as necessary to account for your full record. Be sure to account for gaps in your employment history. Related volunteer experience should also be listed. Please explain any gaps in employment.

If you are currently employed, may we contact this employer? Yes No

A.

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary \$ _____ per	Ending Salary \$ _____ per
Date Separated:	Duties:	
Full time for : Years _____ Months _____		
Part time for : Years _____ Months _____		
If part-time, number of hrs. worked per week: _____	Reason for leaving:	

APPLICATION LOG

The Town of Holly Springs is an Equal Opportunity Employer. Please complete this form in order for us to comply with the reporting requirement of the Equal Employment Opportunity Commission and to help us measure the effectiveness of recruitment efforts and selection procedures. This form will be separated from your employment application prior to the review of the application and is used solely for statistical reporting purposes.

Social Security Number (SSN) * _____

Providing this information as an applicant is voluntary and is only used as a personal identifier for record keeping and background check purposes. Should you be employed, your social security number will be required for wage reporting, internal records and as a personal identifier for the Town's use.

Date of Birth: _____ Sex: Male Female

Title of position for which you are applying: _____

Department: _____

Referral Source:

- | | |
|---|---|
| <input type="checkbox"/> Newspaper, Please specify: | <input type="checkbox"/> Personal Referral |
| <input type="checkbox"/> Professional Magazine or Newsletter, Please specify: | <input type="checkbox"/> Employment Security Commission |
| <input type="checkbox"/> Internet, Please specify site: | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Job Opportunities List | <input type="checkbox"/> Other, Please specify: |

Your Age Category:

- 14 or older 18 or older 40 or older 65 or older

Ethnic Background:

- White* (not Hispanic): Origins in Europe, North Africa, or the Middle East.
- Black* (not Hispanic): Origins in any of the black or African-American racial groups.
- Native American or Alaskan Native*: Origins of the original peoples of North America.
- Asian or Pacific Islanders*: Origins in the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
- Hispanic*: Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture origins, regardless of race.

Citizenship:

- Resident Foreign National*
An alien who has not been admitted for permanent residence (must have Alien Registration Receipt Card, For, I-551).
- Resident Foreign National*
An alien admitted temporarily for specific purposes and periods of times.
- U.S. Citizen*

If **male** and between the ages of 18 and 26, have you registered for the selective service? YES NO

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

B.

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary \$ per	Ending Salary \$ per
Date Separated:	Duties:	
Full time for : Years Months ___ ___		
Part time for : Years Months ___ ___		
If part-time, number of hrs. worked per week: _____	Reason for leaving:	

C.

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary \$ per	Ending Salary \$ per
Date Separated:	Duties:	
Full time for : Years Months ___ ___		
Part time for : Years Months ___ ___		
If part-time, number of hrs. worked per week: _____	Reason for leaving:	

D.

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary \$ per	Ending Salary \$ per
Date Separated:	Duties:	
Full time for : Years Months ___ ___		
Part time for : Years Months ___ ___		
If part-time, number of hrs. worked per week: _____	Reason for leaving:	

E.

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary \$ per	Ending Salary \$ per
Date Separated:	Duties:	
Full time for : Years Months ___ ___		
Part time for : Years Months ___ ___		
If part-time, number of hrs. worked per week: _____	Reason for leaving:	

F.

Employer:		Address:	Phone #:
Job Title:		Name and title of supervisor:	No. supervised by you:
Date Employed:		Starting Salary \$ _____ per	Ending Salary \$ _____ per
Date Separated:	Duties:		
Full time for : Years Months ____ ____			
Part time for : Years Months ____ ____			
If part-time, number of hrs. worked per week: _____	Reason for leaving:		

- Have you ever had disciplinary action taken against you in the past 12 months? YES NO
If yes, explain under EXPLANATIONS (a yes will NOT automatically disqualify you).
- Have you ever been dismissed or forced to resign from any job held? YES NO
- Were you dismissed or forced to resign for disciplinary reasons? YES NO
If yes, to either question, explain under EXPLANATIONS (a yes will NOT automatically disqualify you).
- May we contact your present employer for a reference prior to an interview (if granted)? YES NO
- If you are not currently employed, please check here (____). If you indicated no, explain under EXPLANATIONS.

EXPLANATIONS

(This application must be signed)

I certify that all of the information provided by me on this application or otherwise is accurate and complete. I understand that if I have knowingly misrepresented or falsified any of the application information, I may be disqualified for employment consideration or dismissed from employment with the Town. I authorize my current and former employers to release any information regarding my employment along with any information regarding me, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same. I authorize educational institutions which I attended to reveal my scholastic rating, as well as degrees or certificates earned, to the Town of Holly Springs. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the Town receives from any employer or educational institution under a promise of confidentiality. I permit the Town of Holly Springs to conduct a police, court, credit and/or motor vehicle records investigation of my background. I understand that upon offer of employment from the Town of Holly Springs, I will be tested for drug and alcohol use. I consent to the testing and understand that the results of such testing could preclude my employment with the Town. I understand and acknowledge that should the Town of Holly Springs employ me, then I serve "at will." This means that I may be terminated at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the Town Manager.

Signature _____ **Date** _____

FOR DEPARTMENTAL USE ONLY

INTERNAL USE ONLY:			
Interview Date: _____	Interviewer: _____	Job Offered: <input type="checkbox"/> Accepted	<input type="checkbox"/> Declined <input type="checkbox"/> Withdrawn
(please print)			
Employment Date: _____	Salary: _____	Position Name/ #: _____	
PRE-EMPLOYMENT: Drug Screen _____	Physical _____	Background Check _____	

Thank you for applying with the Town of Holly Springs.