



For Office Use Only

Work Location: \_\_\_\_\_ Rate: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

## Application for Employment

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. This list, however, is not exhaustive of the grounds on which discrimination is prohibited.

## Personal Information

(PLEASE PRINT PLAINLY)

Date \_\_\_\_\_ Position applied for \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Name(s) under which you have worked or been educated, if different from present name? \_\_\_\_\_

Telephone No. \_\_\_\_\_ Cell No. \_\_\_\_\_

What is the best time and number to reach you at? \_\_\_\_\_

Address \_\_\_\_\_  
No. Street City State Zip

Email address \_\_\_\_\_ Can we contact you by email? Yes  No

What languages do you read, speak or write fluently? \_\_\_\_\_

Are you legally eligible for employment in the U.S.A.? Yes  No

If hired, you will be required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes  No  No, hire is subject to verification that you are of minimum legal age.

If your application is considered favorable, on what date will you be available for work? \_\_\_\_\_

Federal law requires males age 18 through 25 to register with the Federal government to comply with the Military Selective Service Act. North Carolina GS 143B-421.1 prohibits local governments from employing any males who have not complied with the federal Selective Service Registration regulations. If this requirement pertains to you, have you complied with the Federal Law? Do not enter a response if the regulations do not apply to you? Yes  No

# Employment History

List below present and past employment, beginning with your most recent. You may also include relevant volunteer experience.

Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason for leaving
	Mo.	Yr.	Mo.	Yr.			
	Job Title & Brief Description:						
Supervisor's Name							
Supervisor's Phone/Email							

## Employer 1

Current Employer? Yes  No

May we contact this supervisor? Yes  No

## Employer 2

Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason for leaving
	Mo.	Yr.	Mo.	Yr.			
	Job Title & Brief Description:						
Supervisor's Name							
Supervisor's Phone/Email							

Current Employer? Yes  No

May we contact this supervisor? Yes  No

## Employer 3

Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason for leaving
	Mo.	Yr.	Mo.	Yr.			
	Job Title & Brief Description:						
Supervisor's Name							
Supervisor's Phone/Email							

Current Employer? Yes  No

May we contact this supervisor? Yes  No

### Employer 4

Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason for leaving
	Mo.	Yr.	Mo.	Yr.			
	Job Title & Brief Description:						
Supervisor's Name							
Supervisor's Phone/Email							

Current Employer? Yes  No

May we contact this supervisor? Yes  No

Please explain any gaps in employment, other than those due to personal illness, injury, or disability in the space below.

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## Education History

School	Name and Address of School	Course of Study	Did You Graduate?	List Diploma or Degree
High School/GED				
College				
Graduate School/ Other				
Continuing Education				

Please list any other job related training, skills or qualification in the space below.

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# Personal References Section (No Former Supervisors or Relatives)

Name	Relationship	Address	Phone Number

Can we telephone you at home? Yes  No  Can we telephone you at work? Yes  No

## Please Read and Sign Below

The facts set forth in my application are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the City of Clinton has any authority to enter into an agreement for employment for any specified person of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer. I understand that if I apply or have applied for certain jobs, I may be tested for the use of illegal substances. I consent to the testing and understand that the results could preclude my appointment.

As required by G.S. 153A-98(a), applications received for an available position will be kept on file for two (2) years. For applicants that have been interviewed, their applications will remain on file for three (3) years.

Applicant's Signature

\_\_\_\_\_ Date \_\_\_\_\_



# Equal Opportunity Employer Questionnaire

IMPORTANT: The City of Clinton is an Equal Opportunity Employer. The information on this sheet regarding race, sex, age, and disability statuses is needed to meet the reporting requirements of city and federal Equal Employment Opportunity Laws. Your cooperation in voluntarily giving this information is important to the success of our Equal Employment Opportunity programs.

**This EEO Applicant Information Form will be kept separate from your application.** It is not to be used in hiring, interviewing, or any other employment decision. It will be available only to authorized personnel for research and evaluation purposes. Refusing to provide this information will not subject you to adverse treatment with respect to the employment or selection process.

**Position applied for:** \_\_\_\_\_

**Applicant's name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gender:** Male  Female

**Are you a veteran of the United States Armed Forces?** Yes  No

If "Yes" Branch of Service \_\_\_\_\_ Type of Discharge \_\_\_\_\_

**Ethnic Origin (Check Only One)**

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- American Indian/Alaskan Native/Asian or Pacific Islander
- Other \_\_\_\_\_

**Disability**

**Reporting any disability is voluntary**

*Any person who (1) has a physical or mental impairment wit substantially limits one of more of such person's major life activities, (2) Has a record of such an impartment, or (3) is regarded as having such an impairment*

- Non/prefer not to report
- Blind or severely visually impaired
- Deaf or severely hearing impaired
- Loss or limited use of arms and/or hands
- Non-ambulatory (must use wheelchair)
- Semi-ambulatory (limited mobility but wheelchair not needed)
- Respiratory impairment
- Nervous System/neurological disorder
- Mental illness/emotional disturbance Learning disability
- Other \_\_\_\_\_

*To help us ensure our recruitment efforts are targeted to and reaching all segments of our recruitment area and community, please identify how you first learned of this job opening.*

A friend or relative	Walk-in
A city employee	Newspaper _____
Internet (website) _____	Other mean (please identify) _____

# Criminal Background Investigation And Credit Check Authorization & Release



The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or natural origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The Fair Credit Reporting Act imposes restrictions with respect to information obtained from a consumer reporting agency, including but not limited to information regarding credit data, personal character, general reputation and mode of living. This list, however, is not exhaustive of the grounds on which discrimination is prohibited. As an applicant for employment with the City of Clinton, North Carolina, I hereby authorize the City of Clinton to conduct a criminal background investigation and, if required, a consumer credit report for use in making an employment decision. Should, as a result of the consumer credit report obtained, an adverse employment action occur, you will be notified in writing of this action, your rights under the Fair Credit Reporting Act (FCRA), and provided a copy of the report obtained. I fully understand that all information gained for such investigation is confidential and will be released only to authorized personnel in the employment process. The facts set forth in my criminal background investigation and credit authorizations are true and complete. I understand that if employed, any false statement on this criminal background investigation may result in my dismissal.

I, hereby, release the City of Clinton, North Carolina, or any of its agents or representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such document, records, and other information for the investigation made by the City of Clinton

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(PLEASE PRINT PLAINLY)

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security No: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Driver's License # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

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

SAMPSON COUNTY  
North Carolina

I, \_\_\_\_\_, A Notary Public for said County and State, do hereby certify that  
\_\_\_\_\_, subscribing witness, personally appeared before me this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_ and signed the foregoing instrument.

\_\_\_\_\_  
Notary Seal Date

My commission expires: \_\_\_\_\_

## For Employer's Use Only

Applicant's Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

### Reference Check

Name of Reference *	Date	Results

\*See Page 2 and 3

### Interview Notes

Interviewer	Date	Comments

### For Test Administrator's Use Only

Tests Administered	Date	Raw Score	Rating	Comments and Interpretation