TOWN OF OAKBORO EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Applications may be mailed to PO Box 610, Oakboro, NC 28129-0610 or hand delivered to 109-A North Main Street, Oakboro

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 in Town Hall by 5 pm on the closing date posted to ensure consideration. The Town does **not** accept FAXED applications. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," **APPLY IMMEDIATELY**.

CURRENT INFORMATION				
(1) POSITION TITLE	DATE:			
(2) When will you be available for employment? (i.e.	immediately, 2 wee	eks notice)		THE WALL BURNEY BY
(3) Are you seeking [] Full-time regular []	Part-time regular	[] Temp./pref	fer regular [] Tempo	rary Only
(4) NAME:(Last)	CONTROL OF THE PARTY OF THE PAR			······································
	(First)		(Middle)	
(5) ADDRESS: Street & No. or P.O. Box	City		State	Zip
(6) HOME TEL#()	_	'HONE#()		•
E-MAIL ADDRESS		, , ,		
(7) Are you 18 or older? [] Yes [] No If NO, what	is your birth date?		<u> </u>	
GENERAL INFORMATION				
If you need to explain any answer, use the space under E	XPLANATIONS near	the end of this ap	plication.	
(8) Apart from absences for religious observances, of	check conditions the	at you are willing	to accept.	
Regular: [] night work [] weekend	work [] overtime work [] overtime work [] overtime	[] rotating shift	ts [] "on-call"	
(9) Have you ever been employed with the Town of 0 If YES, what department and when:	Oakboro? []Ye	es []No		
(10) Have you applied to the Town of Oakboro befor If YES, indicate what position and when:				
(11) Are you willing to accept a salary within the adve	ertised normal starti	ing salary range	? [] Yes [] No	
(12) Are you now or were you previously related in a lf YES, give name, relationship and departm				
(13) Are you able to perform all of the duties of the jo	ob you have applied	for?	[] Yes [] No	
(14) Have you ever been convicted of a felony? If YI record will not necessarily exclude you from employr length of time since the offense, and nature of the cr	ment. Factors such	as age at time o	f offense, rehabilitation	on efforts,
(15) Are you an American citizen or do you currently	have authorization	to work in the U.	.S.? [] Yes [] No
16) Did you receive any of your education or employ	ment evnerience ur	ider another nan	1 20V 1 Con	3 No

If YES, please explain under EXPLANATIONS.

EDUCATION

Pr	ovide	vour	comp	olete	history
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Provid	le your	complete history						
(17) Inc	dicate hi	ghest school year completed	d: (i.e. 8, 12, 16	6)				
(18) Na	me of H	ligh School		Cit	У		State	
(19) Ha	ave you	received a high school diplor	ma or equivale	nt? []	Yes []No			
Educati Beyond High Sc	l	Name and Location	i i	tended From . Mo. Yr.	Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
College Universi					Yes No			
Gradua Profess Schools	sional				Yes No			
Technic Institute Internsi Other	es,				Yes No			
(23) (a) (b) (c) (d)	Please are ap secreta	EDGE, SKILLS & elist any knowledge, skills, o plying. Include skills with equarial/clerical position, indicate	r abilities you t uipment or ma e typing speed	nave that you achines you and word (e)(f)(g	can operate. I	f you wisl	n consideration for a	used.
REG	iISTF	<u>RATIONS, LICEN</u>	SES, CE	RTIFIC	<u>:ATIONS</u>			
(24)	List fie	lds of work for which you ha	ve been regist	ered, licens	sed or certified:			
	Regist	ration:	State:	N	o:	***************************************	Exp. Date:	
	Regist	ration:	State:	N	O:		Exp. Date:	
	Other:		**************************************			·	A CHARLES AND A SHARE A COLUMN ASSAULT.	
(25)	Please driver's	e list your VALID DRIVER'S s license, please put "NONE	LICENSE NUI	WBER and - Number:	the state in wh	ich it was	issued. If you do not State:_	have a
(26)	Is your driver's license a Commercial Driver's License? [] Yes [] No If YES, indicate the class							

EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and 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 expl	ain gap in employment)	
JOB TITLE		Starting Salary	l act Salan/
JOB TITLE Date employed Employer or company	Date Separated	otarting Galary	Last Galary
Employer or company		Telephone # ()	
Employer or company address		. 0.061.01.0 //	***************************************
Name and little of most current supervise	OF.		The state of the s
Full-time for: Yrs Mos Part-tim	e for: Yrs Mos # of	employees supervised by you	
If you worked part-time, the number of h	ours worked per week		
DÚTIES IN ORDER OF IMPORTAN	CE .		
REASON FOR LEAVING or desiring a c	hange		
B. NEXT MOST RECENT EMPLOY	MENT (or explain gap i	n employment)	
JOB TITLE		Starting Salary	Last Salary
JOB TITLE Date employed	Date Separated	9	The second secon
Employer or company		Telephone # ()	
Employer or company address	90 P. 80		
Name and Title of most current supervis	or		
Name and Title of most current supervis Full-time for: Yrs Mos Part-tim	e for: YrsMos# of	employees supervised by you	
If you worked part-time, the number of h	ours worked per week		
DÚTIES IN ORDER OF IMPORTAN	CE		
251001/502/51/010			
REASON FOR LEAVING			
C. NEXT MOST RECENT EMPLOY	MENIT (or ovalain and i	tèmp manamanét	
C. NEXT MOST RECEIVE EMPLOT	mena i foi axhigiii Agh ii	n employment,	
JOB TITLE		Starting Salary	Last Salarv
Date employed	Date Separated		
Employer or company		l elephone # {)	
Employer or company address			
Name and Title of most current supervise	or .		
Full-time for: Yrs Mos Part-time	e for: Yrs Mos# of	employees supervised by you	
If you worked part-time, the number of he	ours worked per week		
DUTIES IN ORDER OF IMPORTAN	CE	######################################	
REASON FOR LEAVING			
LITYOOJA I OILETVAHAO			
D. NEXT MOST RECENT EMPLOY	MENT (or explain gap i	n employment)	
JOB TITLE		Starting Salary	Last Salary
JOB TITLE	Date Separated		
Employer or company		Telephone # ()	
Employer or company address			
Nome and Title of most surrest surrent	~~		
Full-time for: Yrs Mos Part-time	e for: Yrs Mos # of	employees supervised by you	
If you worked part-time, the number of he	ours worked per week		
DUTIES IN ORDER OF IMPORTANCE	OE		
REASON FOR LEAVING		MMCOVERNAL MARKET CONTRACTOR OF THE CONTRACTOR O	

E. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment) Starting Salary Last Salary JOB TITLE Date Separated___ Date employed___ . Telephone # (___)_____ Employer or company ____ Employer or company address Name and Title of most current supervisor Full-time for: Yrs ____ Mos ___ # of employees supervised by you ______ If you worked part-time, the number of hours worked per week ______ DUTIES IN ORDER OF IMPORTANCE REASON FOR LEAVING F. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment) Starting Salary Last Salary Last Salary JOB TITLE Date employed _____ Date Separated _____ Employer or company _____ _____Telephone # (___)______ Employer or company address Name and Title of most current supervisor Full-time for: Yrs ____ Mos ___ Part-time for: Yrs ___ Mos ___# of employees supervised by you___ If you worked part-time, the number of hours worked per week_____ DUTIES IN ORDER OF IMPORTANCE REASON FOR LEAVING (27) Have you 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.) (28) a.) Have you ever been dismissed or forced to resign from any job held? [] Yes [] No b.) Were you dismissed or forced to resign for disciplinary reasons? [] Yes [] No If YES to "a" or "b", explain under EXPLANATIONS. (A YES will not automatically disqualify you.) (29) May we contact your present employer for reference prior to an interview (if granted)? [] Yes [] No If you are not currently employed, please check here N/A (____). If NO, explain under EXPLANATIONS. **EXPLANATIONS** 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 of Oakboro; 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 of Oakboro to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background. 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 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 of Oakboro, 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

SIGNATURE_____DATE____

conduct unless such change is specifically approved by the Town Administrator

SUPPLEMENT TO TOWN OF OAKBORO EMPLOYMENT APPLICATION

The Town of Oakboro 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 flies which must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of state general statutes.

I. POSITION APPLIED FOR:		Ŗ.
NAME;		<u>⊬</u> 8
Last	Middle	₹ 6
DATE OF APPLICATION:		MONTH OF THE PERSON
II. SEX: (Please circle) Male Female	d)	8 E
III. ETHNIC CATEGORY: (Please circle)	polikii kojo kraiki eta pratoja polikii kaja polikii kaj	<u>a</u>
White - Origins in any of the original peoples of Europe, North Africa, or the Middle East. Black - Origins in any of the Black racial groups of Africa. (Not Hispanic) Hispanic - Mexican or Mexican, Cuban, Central, or South American or other Spanish Culture	iddle East. F Spanish Culture	프립
Asian or Pacific Islander - Origins in the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.	Subcontinent or	បី
American Indian or Alaskan Native . Origins in any of the original peoples of North America.	North America.	8
HOW DID YOU LEARN OF THIS OPENING: (Indicate below by placing a check beside the source) Newspaper (specify): Employment Security Commission	beside the source)	3 ≧
Job Line Employment Interest Card Came to Municipal Building		Z
Employment Opportunity List (where posted):	-	

DRUG SCREENING

All FINAL applicants for high risk or safety sensitive positions (HRSS) 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.

ELECTIVE SERVICE REGISTRATION

male and age 18 to 26, have you registered for Selective Service?

ease circle)

Yes

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

RTIFICATION (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.

***************************************	Date	

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Providing this information as an applicant is voluntary and is only used as a personal identifier for internal record keeping. If you are applying for an HRSS position, you <u>must</u> provide your SSN for drug testing. It will be used in place of your

SOCIAL SECURITY NUMBER (SSN)

name. 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.

SS#: