

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position (s) Applied For			Date of Application
	How Did You	Learn About Us?	
□ Advertisement	\Box Friend	Walk-In	
Employment Agency	□ Relative	□ Other	

Last Name F	irst Name	Middle N	Middle Name			
Address	City	State	Zip Code			
Telephone Number(s)	Social Security	cial Security Number				
If you are under 18 years of age, can	vou provide required					
proof of eligibility to work?		\Box YES	$\Box NO$			
Have you ever filed an application wi	th us before?	\Box YES	$\Box NO$			
• • • • •	If Yes, give da	te				
Have you ever been employed with u	s before?	\Box YES	$\Box NO$			
	If Yes, give da	te				
Are you currently employed?	-	\Box YES	$\Box NO$			
May we contact your present employe	er?	\Box YES	$\Box NO$			
Are you prevented from lawfully bec	oming employed in thi	S				
country because of Visa or Immigrati		\Box YES	$\Box NO$			
Proof of citizenship or immigration status v		oyment				
On what date would you be available						
Are you available to work: □ Full 7						
Are you currently on "lay-off" status	and subject to recall?	\Box YES	□NO			
Can you travel if a job requires it?	\Box YES					
Have you been convicted of a felony Conviction will not necessarily disqualify an	•		□NO			
Conversion was not necessarily asquality an	approant from employment					

If Yes, please explain

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	ł	Elen Sc	nent choo	•	y	High School		Undergraduate College/University				Graduate/ Professional					
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
					Des	scril	be C	ours	e of	Study	y						
Describe any spec apprenticeship, sl curricular activiti	kills				0,												
Describe any honors you have received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write							
	FLUENT	GOOD	FAIR				
SPEAK							
READ							
WRITE							

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

- 1._____
- 2._____
- 3._____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates E	mployed	Work Performed
	From	То	
Address			
Telephone Number (s)	Hr Rate	Salary	
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			
Employer	Dates E	mployed	Work Performed
	From	То	
Address			
Telephone Number (s)	Hr Rate	Salary	
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			
Employer	Dates E	mployed	Work Performed
	From	То	
Address			
Telephone Number (s)	Hr Rate	Salary	
	Starting	Final	
Job Title Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

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

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSON	NEL DEPARTM	IENT USE	ONLY
Arrange Interview	ES □NO		
Remarks			
	Int	erviewer	Date
Employed □ YES □NO	Date of Employme	ent	
Job Title	Salary/ Hourly Rate	Departme	ent
ByName and Title	Date		

NOTES

Pre-Employment Release Authorization

This is to notify you that in connection with your application for employment or contract, the City of Pinehurst, its consultants, agents, or agent's employees may perform, request, obtain, or conduct a background check on you as part of the process of considering your application. This background check may include an inquiry into your Employment History, Education, General Character or Reputation, Work Experience, Volunteer Experience, Driving, and/or Criminal History. This information may be obtained by contacting your present and previous employers or references supplied by you. If the position for which you are applying requires handling money and/or having access to monies or other transferable monetary instruments, a Credit History may also be procured.

Please be advised that the City of Pinehurst may rely in whole or in part on the information obtained when determining whether to extend an offer of employment. Further, if the City of Pinehurst chooses not to extend an offer of employment based upon the information obtained through the background check process, you may request a copy of the information along with a summary of your rights under the Fair Credit Reporting Act.

By signing below, you authorize all entities having information about you, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to the City of Pinehurst or to any firm or individual retained by the City of Pinehurst to conduct employee investigations. In addition, your signature releases all investigators, including the City of Pinehurst, from all liability related to the procurement or disclosure of any information provided by you or about you in connection with your application.

Information obtained shall not be used for any purpose other than making an employment decision. No information shall be sold or in any way transferred to a third party except for the express purpose of conducting the background check.

Date	Authorized Signature				
Full Name					
(Please	print)				
Date of Birth:	Social Security #:				
Driver's License#:	State of	of Issue:			
Residence Address History, Pro-	ovide 5 years of address history:				
Address		From	То		