



City of Thomasville, North Carolina Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

AN EQUAL OPPORTUNITY EMPLOYER

Position(s) Applied For

Reference Source Date

Last Name First Name Middle Name

Social Security Number Area Code & Phone Number

Address City State Zip

If you are under 18, can you furnish a work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you filed application here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date <input type="text"/>
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Date available for work? <input type="text"/>	Have you ever been employed here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date <input type="text"/>
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Are you legally eligible for employment in this country? (Proof of U. S. Citizenship or immigration status will be required upon employment.) Yes
 No

I am available to work: Are you on Lay-Off and subject to recall? Yes No

Are you able to meet the attendance requirements of this position? Yes No

Have you been convicted of a felony in the last 7 years? (Such conviction may be relevant if job related, but does not bar you from employment.) Yes No

If yes, Please explain:

Driver's License Number License Type State

List your last 4 employers, assignments and activities starting with the most recent. You may exclude any which indicate a protected status

Employer Dates Employed From To

Address Telephone

Job Title Supervisor Name Starting Salary

Final Salary Reason(s) for leaving

Work Performed, Job Responsibilities

Employer Dates Employed From To

Address Telephone

Job Title Supervisor Name Starting Salary

Final Salary Reason(s) for leaving

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Military Service

Military Service Branch	<input type="text"/>	Dates of service From	<input type="text"/>	To	<input type="text"/>
Highest Rank Attained	<input type="text"/>	Type of Discharge	<input type="text"/>		
Rating/MOS	<input type="text"/>	Awards	<input type="text"/>		

Education and Training

Highest Level Of Educati Date Completed Major/Minor

High School Name and Address

Undergraduate College Name and Address

Graduate School Name and Address

Vocational or Technical School Name/Address

Describe any specialized training, apprenticeships, skills and extra-curricular activities or any job-related training received from any source, including military service, which may qualify you for city employment.

References

1. Reference Name	Address	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
How long has this reference know you?	What is your relationship to this reference?	
<input type="text"/>	<input type="text"/>	
2. Reference Name	Address	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
How long has this reference know you?	What is your relationship to this reference?	
<input type="text"/>	<input type="text"/>	
3. Reference Name	Address	Telephone
<input type="text"/>	<input type="text"/>	<input type="text"/>
How long has this reference know you?	What is your relationship to this reference?	
<input type="text"/>	<input type="text"/>	

List professional, trade, business, or civic associations and any offices held. *Exclude memberships which would reveal sex, race, religion, national origin, age color, disability or other protected status).

List any additional information you would like us to consider.

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING!

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied?

Yes
 No

I HEREBY CERTIFY THAT THIS APPLICATION CONTAINS NO WILLFUL FALSE OR MISLEADING STATEMENTS, AND THAT THE INFORMATION GIVEN BY ME IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ALSO UNDERSTAND THAT, IN THE EVENT OF EMPLOYMENT, ANY SUCH FALSE OR MISLEADING STATEMENTS MAY RESULT IN DISCHARGE.

I FURTHER AUTHORIZE THE CITY OF THOMASVILLE TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY, FINANCIAL AND CREDIT RECORDS, AND POLICE AND COURT RECORDS THROUGH ANY INVESTIGATIVE OR CREDIT AGENCIES OR BUREAUS OF THEIR CHOICE. I AUTHORIZE MY FORMER EMPLOYERS TO GIVE ANY INFORMATION REGARDING MY EMPLOYMENT, AND ANY SCHOOLS OR OTHER EDUCATIONAL INSTITUTIONS WHICH I MAY HAVE ATTENDED TO REVEAL MY SCHOLASTIC RATINGS TO THE CITY OF THOMASVILLE DURING THE COURSE OF THEIR INVESTIGATION. AND I HEREBY RELEASE THEM FROM ANY DAMAGE WHATSOEVER FOR ISSUING SAME.

I UNDERSTAND THAT, IF I AM EMPLOYED, I WILL BE ON PROBATION FOR A PERIOD OF 6 MONTHS AT MINIMUM, AND THAT I MAY BE DISCHARGED FOR ANY REASON DURING THIS PERIOD WITHOUT THE RIGHT OF APPEAL.

Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview	<input type="checkbox"/> Yes	Date	<input type="text"/>	Interviewer	<input type="text"/>
	<input type="checkbox"/> No				
Employed	<input type="checkbox"/> Yes	Date	<input type="text"/>	Job Title	<input type="text"/>
	<input type="checkbox"/> No				
Hourly Rate	<input type="text"/>	Department	<input type="text"/>	Division	<input type="text"/>



City of Thomsville North Carolina

An equal opportunity employer
M/F/H

The City of Thomsville will prohibit discrimination in employment on the basis of race, creed, color, religion, sex, national origin, physical or mental handicap, age or any other factor which cannot be lawfully used as the basis for employment decisions.

Last Name		First Name	Middle Name
Address		City	State Zip

COMPLIANCE WITH FEDERAL LAWS AND REGULATIONS REQUIRES EMPLOYERS TO MONITOR AND REPORT THE STATUS OF THEIR EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION PROGRAMS. FOR THIS PURPOSE, ARE ASKING YOU TO COMPLETE THE INFORMATION BELOW. THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL. FAILURE TO PROVIDE THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT.

Date of Birth	<input type="text"/>	Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnic Group	<input type="text"/>
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Position Applied For:	<input type="text"/>	Date of Application:	<input type="text"/>
Driver's License Number	<input type="text"/>	State	<input type="text"/>
		Expiration Date :	<input type="text"/>
Driver's License Class	<input type="text"/>		

How did you hear about this vacancy?

AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Special Operations Division, to perform a North Carolina name-based criminal history record information check in connection with my application for city employment with **CITY OF THOMASVILLE** pursuant to NC ORDINANCES – STATE ONLY.

(Type or Print clearly)

Last Name	First	Middle	Maiden
_____	_____	_____	_____

Social Security Number (Optional*)	Date of Birth	Sex	Race
_____	_____	_____	_____

I understand that the North Carolina State Bureau of Investigation, Special Operations Division, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the agency cannot provide a **hard copy** of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's Signature

This form must be maintained on file with the above named agency for one year. Do not mail this form or a copy of this form to the State Bureau of Investigation.