



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?

 Yes
 No

Have you filed application here before?

 Yes
 No

Date

Date available for work?

Have you ever been employed here before?

 Yes
 No

Date

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

Work Performed, Job Responsibilities

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

Work Performed, Job Responsibilities

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	<input type="text"/>	Date Completed	<input type="text"/>	Major/Minor	<input type="text"/>
High School Name and Address	<input type="text"/>				
Undergraduate College Name and Address	<input type="text"/>				
Graduate School Name and Address	<input type="text"/>				
Vocational or Technical School Name/Address	<input type="text"/>				

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

An equal opportunity employer
M/F/H

The City of Thomasville 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"/>	Email Address	<input type="text"/>		

How did you hear about this vacancy?