

City of Albemarle

EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer
www.albemarle.gov

Completed application may be submitted in person to NCWorks at 944 N First Street, Albemarle or the City Human Resources Office via email, fax, or mail. Email: rwhitley@albemarle.gov. Fax number: (704) 984-9406. Mailing address: PO Box 190, Albemarle, NC 28002

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 City. An application must be received by 5 pm on the closing date posted to ensure consideration. 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 weeks notice) _____

(3) Are you seeking Full-time regular Part-time regular Temp./prefer regular
 Temporary Only

(4) NAME: _____
(Last) (First) (Middle)

(5) ADDRESS: _____
Street & No. or P.O. Box City State Zip

(6) HOME TEL # (_____) BUS. TELEPHONE # (_____)
E-MAIL ADDRESS _____ (if applicable)

(7) Are you 18 or older? Yes No If NO, what is your birth date? _____

GENERAL INFORMATION

If you need to explain any answer, use the space under EXPLANATIONS near the end of this application.

(8) Apart from absences for religious observances, check conditions that you are willing to accept.
Occasional: night work weekend work overtime rotating shifts "on-call"
Regular: night work weekend work overtime rotating shifts "on-call"
Frequent night work weekend work overtime rotating shifts "on-call"

(9) Have you ever been employed with the City of Albemarle? Yes No
If YES, what department and when: _____

(10) Have you applied to the City before? Yes No
If YES, indicate what position and when: _____

(11) Are you willing to accept a salary within the advertised normal starting salary range? Yes No

(12) Are you now or were you previously related in any way to a City employee? Yes No
If YES, give name, relationship and department: _____

(13) Are you able to perform all of the duties of the job you have applied for? Yes No

(14) Are you an American citizen or do you currently have authorization to work in the U.S.?
 Yes No

(15) Did you receive any of your education or employment experience under another name?
 Yes No
If YES, please explain under EXPLANATIONS.

EDUCATION Provide your complete history

(16) Indicate highest school year completed: (i.e. 8, 12, 16) _____

(17) Name of High School _____ City _____ State _____

(18) Have you received a high school diploma or equivalent? Yes No

Education Beyond High School	Name and Location	Attended From				Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
		Mo.	Yr.	Mo.	Yr.				
College(s) University(ies)						Yes No			
Graduate or Professional Schools						Yes No			
Technical Institutes, Internship, Other						Yes No			

KNOWLEDGE, SKILLS & ABILITIES

(23) Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. Also indicate any software applications with which you have skill.

- (a) _____ (e) _____
 (b) _____ (f) _____
 (c) _____ (g) _____
 (d) _____ (h) _____

REGISTRATIONS, LICENSES, CERTIFICATIONS

(24) List fields of work for which you have been registered, licensed or certified:

Registration: _____ State: _____ No: _____ Exp. Date: _____

Registration: _____ State: _____ No: _____ Exp. Date: _____

Other: _____

(25) Please list your **VALID DRIVER'S LICENSE NUMBER** and the state in which it was issued. If you do not have a driver's license, please put "NONE" in the blank

Number: _____ **State:** _____

(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 explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

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 or desiring a change _____

B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

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 or desiring a change _____

C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

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 or desiring a change _____

D. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

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 or desiring a change _____

<p>(27)Have you had disciplinary action taken against you in the past 12 months?? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)</p> <p>(28)a.)Have you ever been dismissed or forced to resign from any job held? <input type="checkbox"/> Yes <input type="checkbox"/> No b.) Were you dismissed or forced to resign for disciplinary reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES to "a" or "b", explain under EXPLANATIONS. (A YES will not automatically disqualify you.)</p> <p>(29)May we contact your present employer for reference prior to an interview (if granted)? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are not currently employed, please check here N/A (___). If NO, explain under EXPLANATIONS.</p>
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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 City. 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 City; 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 City receives from an employer or educational institution under a promise of confidentiality.
- I also permit the City to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background where related to the job for which I am applying.
- 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 using or 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 City, then I serve "at will". This means that I may be terminated at anytime. I further understand that this "at will" employment relationship may not be changed by any written document unless such change is specifically approved by the City Manager

SIGNATURE _____ **DATE** _____

**SUPPLEMENT TO ALBEMARLE CITY
EMPLOYMENT APPLICATION**

The City of Albemarle 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 files 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: _____

NAME: _____
Last First Middle

DATE OF APPLICATION: _____

II. SEX: (Please circle) Male Female

III. ETHNIC CATEGORY: (Please circle)

White - Origins in any of the original peoples of Europe, North Africa, or the Middle East. (Non-Hispanic)

Black or African American - Origins in any of the Black racial groups of Africa. (Not Hispanic)

Hispanic or Latino - Mexican, Puerto Rican, Cuban, Central, or South American or other Spanish Culture or origin regardless of race.

Asian - Origins in the Far East, Southeast Asia, the Indian Subcontinent.

Native Hawaiian or Other Pacific Islander - Origins in any Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaskan Native - Origins in any of the original peoples of North America.

Two or More Races Those who identify with more than one of the categories listed above.

HOW DID YOU LEARN OF THIS OPENING: (Indicate below by placing a check beside the source)

- _____ Newspaper (**specify**): _____
_____ Employment Security Commission
_____ Job Line
_____ Employment Interest Card
_____ Came to Municipal Building
_____ Employment Opportunity List (**where posted**): _____
_____ Internet
_____ Other (**specify**): _____

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.

SELECTIVE SERVICE REGISTRATION

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

(Please circle) Yes No

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

CERTIFICATION (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.

Name Date

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