



TOWN OF GRANITE FALLS EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

www.granitefallsnc.com

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. If stated in the job advertisement, the application must be filed at NC Works (1909 Hickory Blvd, Lenoir, NC 28645). If not specified in the job advertisement, applications may be mailed to P.O. Drawer 10 or delivered to 30 Park Square, Granite Falls, NC 28630. 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 APPLIED FOR _____ 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 TELEPHONE # () _____ BUS. PHONE OR CELL # () _____

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 Town of Granite Falls? Yes No
If YES, what department and when: _____

(10) Have you applied to the Town of Granite Falls 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 Town 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 (list all)	Name and Location	Attended				Did You Graduate? (Yes/No)	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
		From Mo. Yr.	To Mo. Yr.						
College / University									
Graduate or Professional Schools									
Technical Institutes, Internship, Other									

KNOWLEDGE, SKILLS & ABILITIES

(19) 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. If you wish consideration for a secretarial/clerical position, indicate typing speed and word processing software packages known and/or used.

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

REGISTRATIONS, LICENSES, CERTIFICATIONS

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

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

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

Other _____

(21) 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:** _____

(22) 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 _____

E. 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 _____

F. 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 _____

- (23) 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.)
- (24) 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.)
- (25) 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 Granite Falls, and associations, registration and licensing boards and 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 Granite Falls 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 Town of Granite Falls, then I serve "at will". This means that I may be terminated at any time.

SIGNATURE _____ **DATE** _____

