SUPPLEMENT TO TOWN OF FARMVILLE EMPLOYMENT APPLICATION

The Town of Farmville 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.
Black - Origins in any of the Black racial groups of Africa. (Not Hispanic)
Hispanic - Mexican, Puerto Rican, Cuban, Central, or South American or other Spanish Culture or origin regardless of race.
Asian or Pacific Islander - Origins in the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.
American Indian or Alaskan Native - Origins in any of the original peoples of North America.

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): _____

SOCIAL SECURITY NUMBER (SSN)

Providing this information as an applicant is voluntary and is only used as a personal identifier for internal record keeping. **If you are applying for an HRSS position, you must provide your SSN for drug testing. It will be used in place of your name.** Should you be employed, your social security number will be required for wage reporting, internal records and as a personal identifier for the Town's use.

SS#:_____

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

An Equal Opportunity/Affirmative Action Employer