

CLIPPENT INFORMATION

TOWN OF FARMVILLE EMPLOYMENT APPLICATION

Submit completed applications to: Town of Farmville - Human Resources Department P.O. Box 86, 3672 North Main Street, Farmville, NC 27828

Fill out all sections **COMPLETELY** and to the best of your ability. Once submitted, application materials become the property of the Town. An application must be received in Town Hall by specified date and time date to ensure consideration. Photocopied applications must have an original signature and current date. Questions, contact 252-753-5774.

CONNEIL IN CINIMATION			
(1) POSITION APPLYING FOR:	[Date:	· · · · · · · · · · · · · · · · · · ·
(2) When will you be available for employment? (i.e. imme	ediately, 2 weeks notice, etc)		
(3) Are you seeking: Full-time regularPa	ırt-time regular Temp/prefe	er regular Te	mporary Onl
(4) Name:			
(Last)	(First)	(Middle)	
(5) Address:			
Street & No. or P.O. Box	City	State	Zip
(6) Cellular Phone # ()	Other Phone # ()_		
E-mail Address:			
(7) Are you 18 or older? Yes No If NO, wl	hat is your birth date?		
GENERAL INFORMATION If needed, explain any answer under EXPLANATIONS which is (8) Check conditions that you are willing to accept. Occasional: night work weekend work Regular: night work weekend work Frequent night work weekend work	c overtime rotati	ng shifts "on-ca	all"
(9) Have you ever been employed with the Town of Farm If YES, what department and when:	ville? Yes1	No	
(10) Have you applied with the Town of Farmville before? If YES, indicate what position and when:		No	
(11) Are you willing to accept a salary within the advertise	ed normal starting salary range? _	Yes	No
(12) Are you now or were you previously related in any war If YES, give name, relationship and department:		Yes	No
(13) Are you able to perform all of the duties of the job you	u have applied for?	Yes	No
(14) Have you ever been convicted of a felony? If YES, please explain under EXPLANATIONS (page 4). NOTE: A conviction record will not necessarily exclude you from each offense, and nature of the crime will be taken into consider		Yeslitation efforts, length of	No
(15) Are you an American citizen or do you currently have	authorization to work in the U.S.	? Yes _	No
(16) Did you receive any of your education or employmen	t experience under another name	e? Yes	No

If YES, please explain under EXPLANATIONS. (Page 4)

EDUCATION

Provide your complete history

10) INALLIE OF FIIGH	School		City			State	
19) Have you rece	eived a high school diplom	na or equivalent?	Ye	es	_ No		
Education Beyond High School	Name and Location	Atten Start Month/Year	ded Finished Month/Year	Graduate Y / N	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Majo Mino
College / University				Yes			
Graduate or Professional Schools				Yes			
Technical Institutes, Internship, Other				Yes No			
	GE, SKILLS & /						
20) Please list any applying. Inclu secretarial/cler	GE, SKILLS & A knowledge, skills, or abiled skills with equipment of ical position, indicate typing	ities you have tha or machines you o ng speed and wo	can operate. In the contract of the contract o	If you wish co	onsiderationskages kr	on for a nown and/or used.	
20) Please list any applying. Inclu secretarial/cler	v knowledge, skills, or abil de skills with equipment of ical position, indicate typir	ities you have that or machines you ong speed and wo	can operate. ord processing (e)	If you wish co	onsideratio ckages kr	on for a nown and/or used.	
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20) Please list any applying. Incluse secretarial/cler (a) (b) (c) (d)	v knowledge, skills, or abil ide skills with equipment of ical position, indicate typir	ities you have that or machines you ong speed and wo	can operate. rd processing (e) (f) (g) (h)	If you wish co	onsideration	on for a nown and/or used.	_ _
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(23) Is your driver license a Commercial Drivers License? _____ Yes _____ No If YES, indicate class: _____

EMPLOYMENT

Reason for leaving: ___

Record your complete work history in the spaces below. If needed, additional sheets containing the same information/format are acceptable. BEGIN with your current/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 explanation)		
JOB TITLE		
Employer or company		Date Separated
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
<u>Duties in order of importance:</u>		
Reason for leaving:		
B. NEXT MOST RECENT EMPLOYMENT (or explain gap in	ո employment)	
JOB TITLE	Starting Salary	Last Salary
Employer or company		
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
Duties in order of importance:		
Reason for leaving:		
C. NEXT MOST RECENT EMPLOYMENT (or explain gap in	n employment)	
JOB TITLE	Starting Salary	Last Salary
Employer or company	Date employed	Date Separated
Employer or company address		
Name and Title of most current supervisor	Telephone # ()	
Full-time for: Yrs Mos Part-time for: Yrs Mos	# of employees supervised	by you
<u>Duties in order of importance:</u>		
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D. NEXT MOST RECENT EMPLOYMEN	∜T (or explain gap in	employment)	
JOB TITLE		Starting Salary	Last Salary
Employer or company		Date employed	Date Separated
Employer or company address			
Name and Title of most current supervisor		Telephone # ()	
Full-time for: Yrs Mos Part-time	for: Yrs Mos	# of employees supervised by you	u
<u>Duties in order of importance:</u>			
Reason for leaving:			_
(24) Have you had disciplinary action take If YES, explain under EXPLANATIONS. (A	en against you in the YES will not automatically o	past 12 months? disqualify you)] Yes] No
(25) Have you ever been dismissed or forced to a.) Were you dismissed or forced to If YES for either question, explain under	o resign for disciplinar	y reasons?	Yes No Yes No
(26) May we contact your present emplo	yer for reference prior ck here N/A (). If NO,	to an interview (if granted)? explain under EXPLANATIONS.	Yes No
EXPLANATIONS			
ITEM #			
ITEM#			
REFERENCES			
NAME		ADDRESS	PHONE
 Certification and Release (must sign and of the best of my knowledge and belief, the have knowingly or negligently misrepresent changes to the format or wording of this age employment with the Town. I authorize my current and former employer records. I hereby release them from any defection of the following in the following in	e information given truly ted, falsified or omitted a oplication form, I may be ars to give any information amage whatsoever for is ich I attended to reveal retration and licensing boat vision of State or Federational institution under a fuct a Police, Court, Creciplying. I may be tested for drug and understand that the I be employed by the Tot that this "at will" emplo	any information during the application disqualified for employment consider on regarding me or my employment, visuing same. my scholastic ratings, as well as degrards and others to furnish whatever deal law, I expressly waive any right I has promise of confidentiality. The dit and/or Motor Vehicle Records Investigated and alcohol use to determine if I am results could preclude my appointment of Farmville, then I serve "at will" yment relationship may not be changed.	n process, or have made any ration or dismissed from whether or not it is on their ees/certificates earned, to the etail is available concerning ave to review information the estigation of my background currently using or abusing ent. '. This means that I may be
SIGNATURE:		DATE:	

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. POSIT	ON APPLIED FOR:_		
	AME: Last		Middle
DATE O	F APPLICATION:		_
II. SEX:	(Please circle)	Male	Female
III. ETHN	IIC CATEGORY: (Plea	ase circle)	
Asian Native H America	c/Latino frican American Hawaiian or Other Pa an Indian or Alaska N More races		
HOW DII	Newspaper (specify) Employment Security Job Line Employment Interest Came to Municipal Bu Employment Opportu Website: Social Media:	Card uilding nity List (where posted):	ow by placing a check)
DRUG S	SCREENING		
All FINA	AL applicants must p	ass a drug screening p	rocess. 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.

No elected for a position as required by Federa
elected for a position as required by Federa
<u>SIGNED</u>)
d the information contained on this form nd have done so truthfully to the best of m
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An Equal Opportunity/Affirmative Action Employer