



APPLICATION FOR EMPLOYMENT

City of Asheboro
Human Resources Department
225 East Academy Street
Asheboro, NC 27203

Please be sure that you complete all sections of this application completely and accurately to the best of your ability. Your application will be used as a part of the evaluation process and, therefore, should accurately represent your best effort. (For some positions you may be asked to complete a supplemental application.) Indicate one position only on application.

ANSWER ALL QUESTIONS—PLEASE PRINT OR TYPE YOUR NAME

POSITION APPLIED FOR _____ DATE _____

NAME _____
(Last) (First) (Middle)

PRESENT MAILING ADDRESS:

(Street & No.) (City) (State) (Zip)

PERMANENT MAILING ADDRESS (IF DIFFERENT):

(Street & No.) (City) (State) (Zip)

TELEPHONE _____
(Home) (Business) (Other—indicate whose number) (Mobile)

EMAIL ADDRESS _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES ☐ NO ☐ STATE _____ NUMBER _____

TYPE: REGULAR ☐ COMMERCIAL ☐ CLASS: A ☐ B ☐ C ☐ ENDORSEMENTS: _____

It is the policy of the City of Asheboro to foster, maintain and promote equal employment opportunity. Offers of employment are made on the basis of an applicant's qualifications for the job and without regard to age, sex, race, color, national origin, disability, genetic information, religion, veteran status or political affiliation.

SKILLS DATA

Data Entry WPM: _____

Kind of office equipment operated: _____

Kind of computer software used: _____

MILITARY DATA

Are you a veteran? Yes ☐ No ☐

Branch of service: _____

Dates of active duty: _____

Service number: _____

Rank upon separation: _____

Were you honorably discharged? Yes ☐ No ☐

EDUCATION (Give Complete Educational History Below)

	Name and Location	# Years Completed	Did you graduate?	Degree/Certificate	Major Subject
High School			☐ Diploma ☐ Equivalency ☐ No		
College or University					
Graduate/ Professional School					
Other Education					

EMPLOYMENT DATA

Please provide your employment history beginning with your present or most recent employer and list all positions held, including military, part-time, summer and significant volunteer work for the last 10 years. If additional space is needed to list your 10-year work history, or if you would like for experience beyond the requested 10-year time period to be considered, please place this information on additional sheets and attach these sheets to the end of this application.

Job title _____ Starting Salary _____ Present/Final Salary _____

Date Employed:
Date Separated:
Full Time:
Yrs. Mos.
Part Time:
Yrs. Mos.
If Part Time, number of hours worked per week

Name and address of employer: _____

Description of duties, responsibilities and accomplishments: _____

Number of employees supervised by you: _____

Name of immediate supervisor: _____

Phone number of supervisor: _____

Reason for leaving: _____

May we contact your present employer? Yes ☐ No ☐

If no, please list the name and phone number of someone knowledgeable of your work who we may contact: _____

Job title _____ Starting Salary _____ Present/Final Salary _____

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Date Separated:
Full Time:
Yrs. Mos.
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If no, please list the name and phone number of someone knowledgeable of your work who we may contact: _____

PERSONAL DATA

Are you legally authorized to work in the United States? Yes ☐ No ☐

Have you ever been convicted of any offense against the law (including minor traffic violations)? Yes ☐ No ☐

(Note: The City of Asheboro does **not** consider a conviction to be an automatic bar to employment. State law allows the applicant to not refer to any arrest, charge, or conviction that has been expunged.)

If yes, please explain the nature of the conviction and the final disposition of the case.

Do you have any relatives currently employed by the City of Asheboro? Yes ☐ No ☐

If yes, who, in what position and in what department are they employed? What is the relationship?

Please indicate any special skills, accomplishments, special training or published works you have which are relevant to the position for which you are applying.

REFERENCE DATA

Please list three persons who are not related to you and who have a definite knowledge of your work. Do not repeat the names of supervisors listed in the Employment Data section.

Name _____ Preferred Phone: _____

(Street & No.) (City) (State) (Zip)

Name _____ Preferred Phone: _____

(Street & No.) (City) (State) (Zip)

Name _____ Preferred Phone: _____

(Street & No.) (City) (State) (Zip)

DECLARATION OF APPLICANT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all information and statements contained in this application. I further authorize the release by 3rd parties of any and all information requested by the City of Asheboro for the evaluation of my application for employment. In the event of my employment, I understand that false or misleading information given in my application or interview(s) as well as a failure to abide by all rules and regulations of the City of Asheboro may result in the termination of my employment.

If I receive a conditional offer of employment, I understand that I must consent to and cooperate with a physical examination, drug screening and a more thorough background investigation in order to complete the hiring process. I also understand and agree that employment with the City of Asheboro is contingent on the successful completion of any and all items listed in the conditional offer of employment.

I understand and agree that if an offer of employment is made to me, such employment will be considered employment at will, which means that I will not be offered a contract and that employment with the city may be terminated at any time by either me or the City without cause.

Signature

Date