



Town of Old Fort

Employment Application

INSTRUCTIONS: Please print form out completely and accurately using black or dark blue ink. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

NOTE: We consider applicant for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. All statements are subject to verification and any incorrect statements or omissions may bar or remove you from employment.

Applicant Information

1. Name: _____
First Middle Last

All Previous Names: _____

Nicknames or Aliases: _____

2. Social Security Number _____ Phone # _____

3. Driver's License Number _____ Class _____ State _____

4. Present Mailing Address: _____

Present Physical Address: _____

Email Address: _____

5. Date of Birth: _____

6. Place of Birth: _____

7. Citizenship: _____ U. S. Born _____ U. S. Naturalized _____ Other – Specify _____

NOTE: Data solicited will be used for USDA statistical purposes only.

8. Ethnic Background

_____ American Indian

_____ Spanish American

_____ Asian American

_____ White

_____ Black

_____ Other _____

9. Sex _____ Male _____ Female

10. Have you ever worked for The Town of Old Fort?

_____ Yes _____ No

Approximate Date: _____

11. Have you previously submitted an application for employment with The Town of Old Fort?

_____ Yes _____ No

Approximate Date: _____

12. Have you ever been convicted of a felony?

_____ Yes _____ No

Approximate Date: _____

EDUCATIONAL

13. Indicate below the schools you have attended. (Include incomplete courses)

Type of Schools	Name and Location	Dates Attended (mo/yr)		Graduated (Yes/No)	Degree Awarded
		From:	To:		
High School					
College (s) University (s)					
Graduate or Professional					
Other educational, vocational school, internship, etc.					

References

14. Please List three professional references:

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

15. Are you currently employed?

_____ Yes _____ No

16. May we contact your present employer for a reference? _____ Yes _____ No

17. On what date would you be available for work? _____

18. Employment Experience:

Start with your present or last job. Include any job-related military service assignments.

Employer		Date Employed		Work Performed		
		From	To			
Address						
Telephone Number(s)		Hourly Rate/Salary				
		Starting	Final			
Job Title	Supervisor					
Reason for Leaving						
May we contact your previous supervisor for a reference? Yes _____ No _____						
Employer		Date Employed		Work Performed		
		From	To			
Address						
Telephone Number(s)		Hourly Rate/Salary				
		Starting	Final			
Job Title	Supervisor					
Reason for Leaving						
May we contact your previous supervisor for a reference? Yes _____ No _____						
Employer		Date Employed		Work Performed		
		From	To			
Address						
Telephone Number(s)		Hourly Rate/Salary				
		Starting	Final			
Job Title	Supervisor					
Reason for Leaving						
May we contact your previous supervisor for a reference? Yes _____ No _____						

19. Employment Experience:

Summarize special Job related skills and qualifications acquired from employment or other experience.

20. Specialized Skills:

List below all machinery and equipment experienced and operated.

21. Certification and License Held:

22. **Note to Applicants:** DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. Yes _____ No _____

I certify that answers given herein are true and complete on this form to the best of my knowledge.

I authorize investigation of all statement contained in this application for employment as may be necessary in arriving at an employment decision. I authorized educational institutions, associations, registration and licensing boards, and other to furnish whatever detail is available concerning my qualifications for employment. I understand that false or misleading information or documentation, or a failure to disclose relevant information in my application or interview(s) may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I understand, also, that I am required to abide by all rules and regulations of the employer. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant

Date

TOWN OF OLD FORT
DRUG SCREENING
THROUGH URINALYSIS
APPLICANT CONSENT FORM

I, _____, understand that as part of the pre-employment process I am required to submit to a urinalysis drug screening. This is in accordance with the policy of the Town of Old Fort to maintain a workforce that is free of illegal drug abuse.

I do hereby voluntarily consent to the sampling and submission for testing of my urine for the purpose of screening for the presence of illegal drugs and/or an abusive level of prescribed medication. I understand that a positive result from this screening may be a condition of employment and may bar me from employment with the Town of Old Fort for a period of one year.

I authorize disclosure of the drug screen results by and between the testing laboratory and the Town of Old Fort.

Name [print]

Signature

Social Security Number

Date