

Old Fort Police Department
Employment Application Form

Please mail completed application to:
44 S. Catawba Ave. Old Fort N.C. 28762
Or fax: 828-668-4621
Or Email: chief@oldfortnc.com



Please Print All
Information Requested
Except Signature

OFFICE USE ONLY:
Date received:
Reviewed by:

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

How long at current address? _____

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

How did you learn of this Opening? ESC _____ Newspaper _____
Friend/Relative _____ Other _____

Are you related by blood or marriage to any person now working for the Old Fort Police Department? _____

If Yes: Name: _____ Department: _____

What is your means of transportation to work? _____

Do you have a Driver's license? Yes ___ No ___

Driver's license number: _____ State of Issue: _____

Expiration date: _____ Operator ___ CDL ___ Chauffeur _____

Have you had any accidents in the last three years? Yes ___ No ___ If "Yes": How many? _____

Have you had any moving violations in the past three years? Yes ___ No ___ If "Yes": How many? _____

Are you under age 18? Yes ___ No ___ if "Yes" can you provide proof of your eligibility to work? Yes ___ No ___

Are you a citizen of the United States? YES NO If "No", are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If "Yes", when? _____

Have you ever been convicted of a felony? YES NO

If "Yes", explain _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list two professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment for the past 7 years (Start with the most recent)

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Office Positions Only

Typing? Yes _____ 10 Key? Yes _____ Word processing? Yes _____
No _____ WPM _____ No _____ No _____ WPM _____

Personal Computer? Yes _____ Other _____

No _____ Skills _____

Anything else?

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose you race, gender, age, marital status, ethnic group, religious or political affiliations, or disability.

Disclaimer and Signature

PLEASE READ EACH STATEMENT CAREFULLY

APPLICATION FORM WAIVER

I CERTIFY that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I UNDERSTAND that a background check of my driving, criminal, credit or other records may be conducted before employment. I permit the Old Fort Police Department to conduct a police and court record investigation of my background if relevant for the job for which I am applying. I also understand that as a condition of my employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States.

I AUTHORIZE any and all of my current and previous employers, including the US Government or US Military, and other persons, registration and licensing boards, and educational institutions listed on my application, to provide the Old Fort Police Department with any job-related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Notwithstanding any provisions of federal or state law. I also waive any right I may have to review confidential material or information received by the Old Fort Police Department from a person, employer or institution.

I UNDERSTAND that if I am extended an offer of employment, it may be considered upon my successfully passing a complete pre-employment physical exam. I agree to provide any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND that I will be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post-employment drug screening as a condition of employment, as required by the Old Fort Police Department Policy.

I CERTIFY that if I am a male between the ages of 18 and 26, I am aware of and in compliance with all applicable registration requirements of the Military Selective Services Act.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I HAVE READ, UNDERSTAND, AND BY MY SIGNATURE CONSENT TO ALL STANDARDS AS LISTED:

Full Name (Please Print) _____

Signature: _____ Date: _____

The Old Fort Police Department is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with The Old Fort Police Department depends solely on your qualifications.

Thank you for completing this application form and for your interest in The Old Fort Police Department.