

Application For Employment

Town of Norwood

An Equal Opportunity Employer

Post Office Box 697 ▪ 116 South Main Street ▪ Norwood, North Carolina 28128
Telephone: (704) 474-3416 ▪ **Facsimile:** (704) 474-3201 ▪ **E-mail:** townofnorwood@carolina.rr.com

We consider applicants 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.

PLEASE PRINT

Social Security Number	Last Name	First Name	Middle Name
Address (Street Number and Name)		City, State, ZIP	Home Phone
Mailing Address (If different from above)		City, State, ZIP	Business Phone
Email Address (optional)			

Position Applied For	Date of Application
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Have you ever been employed with the Town of Norwood? Yes No

If YES, state what department and when: _____

Have you applied to the Town of Norwood before? Yes No

If YES, state what position and when: _____

On what date would you be available for work? _____

Are you available to work (check all that apply):

Full Time Part Time Shift Work Temporary On-Call

Are you willing to travel if a job requires it? Yes No

Are you a United States citizen? Yes No

If not, are you eligible to work in the United States? Yes No

Have you ever been convicted of an offense against the law other Yes No

than a minor traffic violation? *(A conviction does not mean you cannot be employed. If YES, please explain on a separate page and attach to Application.)*

Education

Circle highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12

GED

College: 1 2 3 4

Graduate School: 1 2 3 4

Name of high school: _____ City _____ State _____

	Name and Location	Dates Attended (month/year)	Did you graduate	Credit Hours	Degree, Diploma, Certificate earned	Major/Minor
College or University						
Graduate or Professional School						
Technical Institute, Internship, Other						

Please list any special training programs and seminars you have completed in the last five years:

Please list any licenses and certifications (give dates and sources of issuance):

Please list any memberships in professional, honorary, or technical societies:

CHECK the following skills, experiences, etc., which you have:

- | | |
|-----------------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Legal Transcription |
| <input type="checkbox"/> Foreign Language (specify) _____ | <input type="checkbox"/> Spreadsheets |
| <input type="checkbox"/> Adding machine/calculator | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Driver's License _____
Number State Class | <input type="checkbox"/> Typing (WPM: _____) |
| <input type="checkbox"/> Other: _____ | |

Work History (use additional sheets if necessary)

Current or Last Employer		Address and Phone Number	
Job Title		Supervisor's Name	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Employed (mo/yr)	Last Salary \$ per	Date Terminated (mo/yr)
Reason for Leaving:			
Duties:			

Current or Last Employer		Address and Phone Number	
Job Title		Supervisor's Name	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Employed (mo/yr)	Last Salary \$ per	Date Terminated (mo/yr)
Reason for Leaving:			
Duties:			

Current or Last Employer		Address and Phone Number	
Job Title		Supervisor's Name	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Employed (mo/yr)	Last Salary \$ per	Date Terminated (mo/yr)
Reason for Leaving:			
Duties:			

Please state any additional information you feel may be helpful to us in considering your application:

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that if I have knowingly or negligently misrepresented, falsified, or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town.

I authorize investigation of all statements contained in the application for employment that may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time no to exceed 45 (forty-five) 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, an employment relationship with the Town is of an **"at will"** nature, which means that I may resign at any time, or that I may be terminated at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the Town Administrator.

I understand that my signature on this application gives my consent to conduct an inquiry concerning statements and representations I have made on this application for employment and/or on my personal resume. This may include, but is not limited to criminal records, civil court records, driving records, work history, personal references, professional licenses, and education.

I understand this consent will serve as an authorization for any present or former employer (unless otherwise noted above) or any government or police agency to release any information regarding my job performance, personal character or suitability for employment as it relates to the position for which I have applied.

Signature of Applicant

Date