



APPLICATION FOR EMPLOYMENT

Applicant's Name (Please print) Last:

Date of application: _____

Position(s) applied for: _____

For employment consideration, please fully complete all areas of this application.

Desired schedule: (Please check each box that applies):

Full-Time	Days	How did you learn about us?
Part-time	Evenings	
Other	Nights	

List days or hours you are unable to work: _____

The VOP is an equal opportunity employer and prohibits discrimination or harassment on the basis of race, religion, national origin, ancestry, sex, age, marital status, disability, or a disabled veteran or a veteran of the Vi Era. Reasonable accommodations for the needs of otherwise qualified applicants with disabilities will be made request.

CURRENT INFORMATION (Please print)

Last Name: _____ First Name: _____ MI _____

Present Mailing Address: _____
(include city, state and zip code)

E-mail Address: _____

Daytime Number: _____ Evening Number: _____ Mobile Number: _____

Date available to start work: _____ Minimum Salary Accepted: _____

If under 18 years of age, can you provide proof of eligibility to work? Yes No

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

Were you previously employed by the VOP? Yes No
If yes, please list dates of employment, position(s), and department(s).

Were you previously employed by any other municipality? Yes No
If yes, please list dates of employment, position(s), and location(s).

List all relatives employed by the VOP; also list their position(s). _____

List other names that you have used in school, employment or elsewhere. _____

First:

Middle:

EDUCATION (List complete names and addresses of schools attended).

	Name of school and location	Did you graduate?	Degree/certificate received	No. of credits	Major	Minor
High School/GED						
College or University						
Graduate School						
Vocational/ Technical						
Other						

List any other training, honors, awards, or other recognitions that you feel we should consider in evaluating your application.

PROFESSIONAL REGISTRATIONS, LICENSES OR ACCREDITATIONS

Type	Registration No.	State	Expiration Date

SKILLS

Typing _____ wpm	Shorthand _____ wpm	Computer Skills?	Yes	No
List software packages used and indicate skill level by writing either "Working knowledge" or "proficient."				
List Production/Other Machinery used and indicate skill level by writing either "Working knowledge" or "proficient."				

Have you ever pleaded guilty, been convicted of, or accepted ARD or a similar program, or pleaded no contest to any violation other than a summary offense? Yes No (A criminal record does not automatically bar employment.)
If yes, describe in full.

MILITARY SERVICE

Do you have any experience from military service that would be relevant to the job(s) for which you are applying? Yes No If yes, please explain. _____

Federal law requires males age 18 to 25 to register with the Federal government to comply with the Military Selective Service Act. North Carolina GS 143B-421.1 prohibits local governments from employing any males who have not complied with the Federal Selective Registration regulations. If this requirement pertains to you, have you complied with the Federal law? (check the appropriate box). Do not enter a response if the regulations do not apply
Yes NO

EMPLOYMENT (List most recent first).

Please account for all periods of employment in the past 10 years. If there is not enough room, please ask for additional sheets. **A resume is welcome, but is not a substitute for completing this section.**

May we contact your current employer? Yes No

Company Name	Address	Telephone ()
Position(s) held	Date employed From To	Salary
Duties		
Reason for leaving		Name of supervisor

Company Name	Address	Telephone ()
Position(s) held	Date employed From To	Salary
Duties		
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Duties		
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Position(s) held	Date employed From To	Salary
Duties		
Reason for leaving		Name of supervisor

UNEMPLOYMENT (Account for all periods of unemployment, if any.)

From		To		State what you were doing during this period of time:
Mo.	Yr.	Mo.	Yr.	

REFERENCES

Please list two professional references.				
Name	Address	Telephone No.	Position	Affiliation (how known)

PLEASE READ AND SIGN

Please read the following statements carefully and initial each paragraph before signing this application.

I certify that I fully understand all requests for information contained in this application; and I certify that the information supplied by me on this form and elsewhere in conjunction with obtaining employment is complete and correct to the best of my knowledge. I hereby grant the VOP permission to verify such answers and investigate all references including confirmation of education, personal and/or professional references, driving record, etc. I understand any false statements, omission, or misrepresentation on this application will be considered cause for rejection of this application or dismissal if hired.

Initials: _____

I authorize the employers, schools, or persons named above to give any information regarding my previous employment, character, general reputation and other personal characteristics, together with any information regarding me, whether or not it is in their records. I understand that under the Federal Fair Credit Reporting Act, I have the right to make written requests within a reasonable period of time for the complete and accurate disclosure by the VOP of the nature and scope of any credit investigation requested. I hereby release the VOP, employers, schools, or persons from all liability for any damage resulting from issuing the information, I further certify that I have not entered into any agreement with any previous employer or other organization that would prevent or restrict my employment with the VOP at this time or in the future.

Initials: _____

I understand and agree that the acceptance of this application by the VOP does not constitute a promise that I will be hired. I further understand that the VOP does not guarantee employment for any specific length of time and, therefore, agree that if I am hired by employment may be terminated by either me or the VOP at any time without cause or notice.

Initials: _____

In consideration of my employment, I agree to submit to pre-placement screening and I may be required to submit to drug and/or alcohol testing. If the testing reveals evidence of the illegal use of drugs or excessive use of legal drugs, any offer(s) of employment extended to me will be unconditionally revoked, regardless of whether I have or have not begun employment.

Initials: _____

I agree to abide by the rules and regulations of the VOP if I am employed by the VOP. I understand that all records pertaining to my employment are to remain the property of the VOP and that hours of work and other working conditions are subject to change at the organization's discretion.

Initials: _____

This application is considered active for one year. After one year, applicants must reapply to be considered for available positions.

Signature _____ **Date** _____