

APPLICATIONS ARE ACTIVE FOR 30 DAYS

CITY OF MORGANTON
APPLICATION FOR EMPLOYMENT

The City of Morganton is an equal opportunity employer. All applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

Date: _____ Position for which applying: _____
Minimum acceptable salary: _____ Referred by: _____

PERSONAL DATA: All information must be completed for application to be considered

Name: _____
First Middle Initial Last

Present Mailing Address: _____
Street City/State/Zip Code

Telephone Number: Home: _____ Work: _____ Cell: _____

Email address: _____

Is there any reason that you would not be able to perform the job duties for the position for which you are applying? Yes ___ No ___ (If you answer "yes", list reason(s) here.) _____

Are you related by blood or marriage to any person(s) now employed by the City of Morganton? No ___ Yes ___ If yes, give name(s) and relationship: _____

Have you previously worked for the City of Morganton? Yes: ___ No ___ If yes, list the date(s) & position(s) held: _____

Were you ever in the U.S. Military Service or other military organization? Yes ___ No ___
If yes, was your discharge: honorable ___ dishonorable ___ uncharacterized ___ general ___

EDUCATION:

Table with 4 columns: Education Level, # of Full Years Work Completed, Degree Awarded, Major/Field. Includes rows for High School and University or College(s).

List special skills, training, certifications and/or fields of work for which you are licensed, registered or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied: _____

If you did not graduate from high school, have you passed the General Education Development (GED) Test? Yes___ No___ If yes, when & where did you complete the GED? _____

RESIDENCES:

List addresses for the past 10 years starting with present address at top:

From Mo.	Yr.	To Mo.	Yr.	Address of Residence	City, State & Zip Code

EMPLOYMENT INFORMATION:

Have you ever been discharged or requested to resign from any position? Yes ___ No ___
 If yes, please give details: _____

In the course of employment, have you ever been disciplined or demoted? Yes ___ No ___
 If yes, please give details: _____

List all jobs you have held. Put your present or most recent job first. If you need more space, please attach additional sheets.

Title of present or last position: _____ Employer: _____
 Date Employed: _____ Address: _____
 Date Separated: _____ Current/Last Salary: _____
 Name/Title of Supervisor: _____
 Duties: _____

Reason for leaving: _____

Title of prev. position: _____ Employer: _____
Date Employed: _____ Address: _____
Date Separated: _____ Prev. Salary: _____
Name/Title of Supervisor: _____
Duties: _____

Reason for leaving: _____

Title of prev. position: _____ Employer: _____
Date Employed: _____ Address: _____
Date Separated: _____ Prev. Salary: _____
Name/Title of Supervisor: _____
Duties: _____

Reason for leaving: _____

Title of prev. position: _____ Employer: _____
Date Employed: _____ Address: _____
Date Separated: _____ Prev. Salary: _____
Name/Title of Supervisor: _____
Duties: _____

Reason for leaving: _____

Title of prev. position: _____ Employer: _____
Date Employed: _____ Address: _____
Date Separated: _____ Prev. Salary: _____
Name/Title of Supervisor: _____
Duties: _____

Reason for leaving: _____

CRIMINAL OFFENSE RECORD & LICENSE INFORMATION

Note: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), failure to stop in the event of an accident, and/or driving while license permanently revoked or permanently suspended.

Have you ever been convicted of a felony? Yes _____ No _____ If yes, give details:

Have you ever been placed on probation? Yes _____ No _____ If yes, give details:

Do you possess a valid driver's license? Yes _____ No _____ If yes, please list the:
Number: _____ State issued by: _____ Expiration Date: _____

Does you possess a CDL? Yes _____ No _____ If yes, please list endorsement(s) below:

Was your license ever suspended or revoked? Yes _____ No _____ If yes, state which and give reasons: _____

Was your license ever restored? Yes _____ No _____ When? _____

Have your driving privileges ever been restricted? Yes _____ No _____ If yes, give details:

Briefly explain your reasons for applying for this position:

REFERENCES:

Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities.

NAME	ADDRESS	TELEPHONE

NOTICE TO APPLICANTS:

Prior to an offer of employment being extended to an applicant, a thorough background check, including a credit check and/or criminal record check, may be conducted. Credit checks are conducted for positions that handle funds, have access to personal property or certain other positions. Upon a job offer being extended and accepted, all full time candidates are required to participate in a medical screening and drug test prior to employment. Effective July 1, 2000, pre-employment drug testing will also be conducted for all part-time employees.

APPLICANT CERTIFICATION:

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omission of information will subject me to disqualification or dismissal.

I authorize the City to obtain any information regarding my employment, together with any information regarding me whether or not it is in my records. I hereby release the City from any liability whatsoever for issuing same. I understand a criminal record check, credit check and related checks will be conducted.

Employment with the City of Morganton is on an “at-will” basis and is for no definite period and may, regardless of the date or method of payment of wages or salary, be terminated at any time with or without cause. Other than the City Manager, no department director, supervisor or other person, irrespective of title or position, has authority to alter the at-will status of any employment or to enter into any employment contract for a definite period of time with anyone. Any agreement altering at-will status must be in writing and signed by the City Manager.

This application is not an offer of employment nor should it lead to an expectation of employment.

Signature in Full

Date