



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:

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

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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:

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

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Was your license ever restored? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_

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

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Briefly explain your reasons for applying for this position:

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### 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.**

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Signature in Full

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Date