

# APPLICATION FOR EMPLOYMENT

## TOWN OF SELMA, NORTH CAROLINA

### INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR TOWN EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION.

THE TOWN EMPLOYS ONLY U.S. CITIZENS OR IMMIGRANTS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN THREE (3) WORKING DAYS OF EMPLOYMENT. MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR TOWN EMPLOYMENT (G.S. 143B- 421.1). SEE AVAILABILITY BLOCK.

### WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:

- Complete the section for equal opportunity information.
- Apply for one vacancy per application.
- Give complete information on your education and work history (*"see resume" is not acceptable*).
- List separately each job held and your duties for each position when you worked for one employer and held more than one position.
- Describe your work history, highlighting your competencies (knowledge, skills, abilities and work behaviors) which demonstrate your qualifications for the position for which you are applying.
- Provide only the last four digits of your social security number.
- Check for accuracy, sign, and date your application.

Thank you for your interest in local government. The Town of Selma wants to find the most qualified people available to serve its citizens. While not everyone who applies can be hired, your application will be given every consideration.

### EQUAL OPPORTUNITY INFORMATION

Town policy prohibits discrimination based on race, sex, color, creed, national origin, age, genetic information or any disability. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population (EEO/M-F/AA/ADA).

DATE OF BIRTH: \_\_\_\_\_  
                            Month                    Day                    Year

GENDER: Male  Female

### ETHNIC GROUP:

1.  White (non-Hispanic)
2.  Black (non-Hispanic)
3.  Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4.  Asian (including Pacific Islander)
5.  American Indian (including Alaskan native)
6.  Two or More Races



**TOWN OF SELMA**  
**EMPLOYMENT APPLICATION**  
**AN EQUAL OPPORTUNITY EMPLOYER**

*It is our policy to comply fully with all federal, state and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation or any other classification protected by law (EEO/M-F/AA/ADA).*

NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD/WORK PERMIT CARD

FIRST \_\_\_\_\_ MI \_\_\_\_\_ LAST \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_

OTHER NAMES YOU HAVE USED (EDUCATION OR WORK EXPERIENCES): \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_  
Number & Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TELEPHONE: \_\_\_\_\_  
Home \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ REFERRAL SOURCE: \_\_\_\_\_

SALARY REQUIREMENTS: \$ \_\_\_\_\_ ARE YOU AT LEAST 18 YEARS OLD? YES  NO

CHECK THE TYPE WORK YOU WILL ACCEPT: PERMANENT FULL-TIME  PERMANENT PART-TIME

ARE YOU AN IMMEDIATE FAMILY MEMBER OF A PRESENT TOWN EMPLOYEE? YES  NO

If YES, please provide the following information:

NAME: \_\_\_\_\_

RELATIONSHIP TO YOU AND THE DEPARTMENT WHERE EMPLOYED: \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE TOWN OF SELMA? YES  NO  If YES, please provide the following information:

DEPARTMENT NAME: \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

LICENSE #: _____ STATE: _____	CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? YES <input type="checkbox"/> NO <input type="checkbox"/>
EXPIRATION DATE: _____	
DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
PLEASE SELECT THE CLASS OF YOUR DRIVER'S LICENSE: CLASS A <input type="checkbox"/> CLASS B <input type="checkbox"/> CLASS C <input type="checkbox"/>	

### SELECTIVE SERVICE

Pursuant to Chapter 143B of the North Carolina General Statutes, you are hereby required to register for Selective Service in order to be employed by the Town of Selma. Have you registered for Selective Service?

YES  NO  If not, please indicate why:

I am a Female:  Other: \_\_\_\_\_

### U.S. MILITARY HISTORY

If you have served in the U.S. Military, please provide the following information:

			Service Dates	
Branch of Service	Rank	Type of Discharge	From	To
_____	_____	_____	_____	_____

### EDUCATION

(PLEASE GIVE YOUR COMPLETE EDUCATION HISTORY)

Have you received a high school diploma or equivalent (GED)? Yes  No

Highest school year completed (1-12): \_\_\_\_\_

High School Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

EDUCATION BEYOND HIGH SCHOOL (NAME, CITY & STATE):	DATES ATTENDED FROM/TO	GRADUATE?	DEGREE	COURSE OF STUDY
College or University: _____ _____	_____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Graduate or Professional: _____ _____	_____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Vocational or Technical: _____ _____	_____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

### REGISTRATIONS | LICENSES | CERTIFICATIONS

PROFESSIONAL LICENSES AND CERTIFICATIONS (JOB RELATED):	TYPES OF LICENSES AND CERTIFICATES:	DATE ISSUED:	REGISTRATION NUMBER:	STATE:	EXPIRES Mo/YR:

PROFESSIONAL, SCHOLASTIC AND OTHER ORGANIZATIONS (JOB RELATED):	HONORS/AWARDS RECEIVED (JOB RELATED AND DATES):

### JOB RELATED TRAINING

NAME OF COURSE:	YEAR COMPLETED:	NAME OF COURSE:	YEAR COMPLETED:

### KNOWLEDGE, SKILLS, AND ABILITIES

Please list any knowledge, skills, and abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate.

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If you are applying for a position that requires computer skills, please indicate your proficiency for the software listed below and typing speed (if applicable).

### COMPUTER SKILLS

COMPUTER SOFTWARE:	YOUR PROFICIENCY WITH THE SOFTWARE:
Word	Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar <input type="checkbox"/>
Excel	Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar <input type="checkbox"/>
PowerPoint	Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar <input type="checkbox"/>
Publisher	Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar <input type="checkbox"/>
Outlook	Skilled <input type="checkbox"/> Competent <input type="checkbox"/> Familiar <input type="checkbox"/>

### OTHER COMPUTER SOFTWARE PROGRAMS OR TYPES OF SOCIAL MEDIA EXPERIENCE

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## EMPLOYMENT HISTORY

This portion of the application must include a minimum of a 10-year work history and completed even if supplemented by a Resume. List your most recent employer first. Base Salary does not include overtime, bonuses or commissions.

EMPLOYER'S NAME (PRESENT OR MOST RECENT):		ADDRESS:		PHONE:
JOB TITLE:		SUPERVISOR'S NAME:		NUMBER EMPLOYEES SUPERVISED BY YOU:
DATE EMPLOYED (month/year): _____	STARTING SALARY: \$ _____ per _____	CURRENT/LAST SALARY: \$ _____ per _____	OTHER COMPENSATION (Bonuses, etc.): \$ _____ per _____	
DATE SEPARATED (month/year): _____	FULL-TIME: YEARS / MONTHS: _____	PART-TIME: YEARS / MONTHS: _____	IF PART-TIME # OF HOURS WORKED / WEEK: _____	

REASON FOR LEAVING OR DESIRE TO LEAVE: \_\_\_\_\_

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EMPLOYER'S NAME (PRESENT OR MOST RECENT):		ADDRESS:		PHONE:
JOB TITLE:		SUPERVISOR'S NAME:		NUMBER EMPLOYEES SUPERVISED BY YOU:
DATE EMPLOYED (month/year): _____	STARTING SALARY: \$ _____ per _____	CURRENT/LAST SALARY: \$ _____ per _____	OTHER COMPENSATION (Bonuses, etc.): \$ _____ per _____	
DATE SEPARATED (month/year): _____	FULL-TIME: YEARS / MONTHS: _____	PART-TIME: YEARS / MONTHS: _____	IF PART-TIME # OF HOURS WORKED / WEEK: _____	

REASON FOR LEAVING OR DESIRE TO LEAVE: \_\_\_\_\_

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EMPLOYER'S NAME (PRESENT OR MOST RECENT):		ADDRESS:		PHONE:
JOB TITLE:		SUPERVISOR'S NAME:		NUMBER EMPLOYEES SUPERVISED BY YOU:
DATE EMPLOYED (month/year): _____	STARTING SALARY: \$ _____ per _____	CURRENT/LAST SALARY: \$ _____ per _____	OTHER COMPENSATION (Bonuses, etc.): \$ _____ per _____	
DATE SEPARATED (month/year): _____	FULL-TIME: YEARS / MONTHS: _____	PART-TIME: YEARS / MONTHS: _____	IF PART-TIME # OF HOURS WORKED / WEEK: _____	

REASON FOR LEAVING OR DESIRE TO LEAVE: \_\_\_\_\_

BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY**

*Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, childcare, disability or any other protected activity.*

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**TWO BUSINESS REFERENCES NOT RELATED TO YOU**  
(NO SUPERVISORS PREVIOUSLY NOTED UNDER EMPLOYMENT HISTORY)

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_  
YEARS KNOWN: \_\_\_\_\_

**BACKGROUND CHECK, PHYSICAL EXAM AND DRUG SCREEN STATEMENT**

The Town of Selma wants to ensure the safety and health of all current and future employees. For this reason, all applicants will give the Town of Selma written authorization to have a complete background check conducted. Also, the Town of Selma requires all candidates who are given a conditional offer of employment, to submit to a pre-employment physical exam and drug screen before actually beginning to work.

The pre-employment physical exam and drug screen will be performed by a physician of the Town's choice and at the Town's expense. All drug screens are to be performed within the guidelines set by the Town and results reviewed by the Medical Review Officer (physician).

The Town shall rescind any offer of employment to any person who refuses to submit to a physical examination and/or drug screen. The Town may rescind any offer of employment if a determination should be made after review of the criminal history/driver's license check that it is in the best interest of the Town not to employ the candidate. The Town may also rescind an offer of employment if the candidate has a positive drug screen test.

MAY WE CONTACT YOUR:      PRESENT EMPLOYER(S):      YES            NO        
   PAST EMPLOYER(S):      YES            NO     

**AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

I certify that all of the information provided by me on this application or otherwise is accurate and complete. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that if I have knowingly misrepresented or falsified any of the application information, I will be disqualified for employment consideration or dismissed from employment with the Town.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town of Selma is of an "at-will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this at-will-employment relationship may not be changed by any written documentation or by conduct unless an authorized executive of the Town of Selma specifically acknowledges such change in writing.

I authorize my current and former employers and business references to release any information regarding my employment along with any information regarding me, whether or not such information is explicitly contained in written records. I hereby release them from any damage whatsoever for issuing such information. I authorize those educational institutions I attended to reveal my scholastic rating, as well as degree or certificates earned, to the Town of Selma. Notwithstanding any provision of state or federal Law, I expressly waive any right I have to review information the Town receives from any employer, business reference or educational institution under a promise of confidentiality.

I authorize the Town of Selma to perform a criminal background check of my background and driving history, and upon hire, a pre-employment physical and drug screening. I also authorize, if necessary for the position, a credit check. If an offer of employment is conditional pending a satisfactory background check, pre-employment physical and drug screening.

I understand that North Carolina State law requires male applicants for employment in the State from ages 18 to 26, to register for military selective service as a condition of employment, unless the applicant is excluded from selective service under the law. By signing below, I certify that I am in compliance with State law.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AUTHORIZATION AND AGREEMENT STATEMENTS.**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*UNSIGNED APPLICATIONS WILL NOT BE PROCESSED\***