



## APPLICATION FOR EMPLOYMENT

CITY OF ASHEBORO, NORTH CAROLINA

225 EAST ACADEMY STREET

ASHEBORO, NC 27203

PLEASE BE SURE THAT YOU COMPLETE ALL SECTIONS OF THIS APPLICATION COMPLETELY AND ACCURATELY TO THE BEST OF YOUR ABILITY. YOUR APPLICATION WILL BE USED AS A PART OF THE EXAMINATION PROCESS AND, THEREFORE, SHOULD ACCURATELY REPRESENT YOUR BEST EFFORT. (FOR SOME POSITIONS YOU MAY BE ASKED TO COMPLETE A SUPPLEMENTAL APPLICATION.) INDICATE ONE POSITION ONLY ON APPLICATION.

ANSWER ALL QUESTIONS — PLEASE PRINT OR TYPE YOUR NAME

POSITION APPLIED FOR \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_  
(Last) (First) (Middle)

PRESENT MAILING ADDRESS \_\_\_\_\_  
(Street & No.) (City) (State) (Zip Code)

PERMANENT MAILING ADDRESS \_\_\_\_\_  
(Street & No.) (City) (State) (Zip Code)

TELEPHONE \_\_\_\_\_  
(Area Code if other than 336) (Home) (Business) (Other-Indicate whose number)

DO YOU HAVE A VALID DRIVER'S LICENSE YES  NO  STATE \_\_\_\_\_ NUMBER \_\_\_\_\_

TYPE: REGULAR  COMMERCIAL  CLASS A  B  C  ENDORSEMENTS \_\_\_\_\_

THE CITY OF ASHEBORO IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER THAT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, OR DISABILITY IN EMPLOYMENT OR PROVISION OF SERVICES.

**SKILLS DATA**

Typing WPM \_\_\_\_\_

Kind of office equipment operated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Kind of computer software used: \_\_\_\_\_

\_\_\_\_\_

**MILITARY DATA**

Are you a veteran? Yes  No

Branch of service: \_\_\_\_\_

Dates of active duty: \_\_\_\_\_

Service number: \_\_\_\_\_

Rank upon separation: \_\_\_\_\_

**EDUCATION (GIVE COMPLETE EDUCATIONAL HISTORY BELOW)**

High School: Name \_\_\_\_\_ Location \_\_\_\_\_

Circle highest school year completed:      1    2    3    4    5    6    7    8    9    10    11    12

What year did you graduate from high school? \_\_\_\_\_ If you did not graduate, do you have a High School Equivalency? Yes  No

| Education beyond High School | Name and Location | Circle No. Years Completed | What Year Did You Graduate? | Degree/Certificate | Major Subject |
|------------------------------|-------------------|----------------------------|-----------------------------|--------------------|---------------|
| College or University        |                   | 1 2 3 4                    |                             |                    |               |
| Graduate or Professional     |                   | 1 2 3 4                    |                             |                    |               |
| Other Education              |                   | 1 2 3 4                    |                             |                    |               |

**EMPLOYMENT DATA:** In the space below, give your employment history beginning with your present or most recent employer and list all positions held, including military, part time, summer, and significant volunteer work for the last 10 years. Details on any period of unemployment must be included. Experience acquired more than 10 years ago may be summarized in one block if not applicable to position for which you are applying.

Title of present or most recent position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Present or Final Salary \_\_\_\_\_

|                                               |
|-----------------------------------------------|
| Date Employed                                 |
| Date Separated                                |
| Full Time      Yrs.    Mos.                   |
| Part Time      Yrs.    Mos.                   |
| If Part Time, number of hours worked per week |

Name and address of employer: \_\_\_\_\_

Description of duties, responsibilities and accomplishments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of employees supervised by you: \_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_

Phone number of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your present employer? \_\_\_\_\_

If no, please list the name and phone number of someone knowledgeable of your work. \_\_\_\_\_

\_\_\_\_\_

Title of next position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Present or Final Salary \_\_\_\_\_

|                                               |
|-----------------------------------------------|
| Date Employed                                 |
| Date Separated                                |
| Full Time      Yrs.      Mos.                 |
| Part Time      Yrs.      Mos.                 |
| If Part Time, number of hours worked per week |

Name and address of employer: \_\_\_\_\_  
\_\_\_\_\_  
Description of duties, responsibilities and accomplishments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Number of employees supervised by you: \_\_\_\_\_  
Name of immediate supervisor: \_\_\_\_\_  
Phone number of supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Title of next position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Present or Final Salary \_\_\_\_\_

|                                               |
|-----------------------------------------------|
| Date Employed                                 |
| Date Separated                                |
| Full Time      Yrs.      Mos.                 |
| Part Time      Yrs.      Mos.                 |
| If Part Time, number of hours worked per week |

Name and address of employer: \_\_\_\_\_  
\_\_\_\_\_  
Description of duties, responsibilities and accomplishments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Number of employees supervised by you: \_\_\_\_\_  
Name of immediate supervisor: \_\_\_\_\_  
Phone number of supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Title of next position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Present or Final Salary \_\_\_\_\_

|                                               |
|-----------------------------------------------|
| Date Employed                                 |
| Date Separated                                |
| Full Time      Yrs.      Mos.                 |
| Part Time      Yrs.      Mos.                 |
| If Part Time, number of hours worked per week |

Name and address of employer: \_\_\_\_\_  
\_\_\_\_\_  
Description of duties, responsibilities and accomplishments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Number of employees supervised by you: \_\_\_\_\_  
Name of immediate supervisor: \_\_\_\_\_  
Phone number of supervisor: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

*If additional space is needed, please ask for a continuation sheet, or use a sheet of paper.*

**PERSONAL DATA**

Date of Birth \_\_\_\_\_

Are you a citizen of the United States? Yes  No   
If no, give country of which you are a citizen and your alien registration number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of any offense against the law (including minor traffic violations)? Yes  No   
If yes, please explain the nature of the conviction and the final disposition of the case.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any relatives currently employed by the City of Asheboro? Yes  No   
If yes, who, in what position, and in what department are they employed? What is the relationship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate any special skills, accomplishments, special training or publications you have which are relevant to the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION OF APPLICANT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and release of pertinent information to the City of Asheboro as may be necessary in arriving at an employment decision. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Asheboro.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**REFERENCE DATA**

Please list three persons who are not related to you and who have a definite knowledge of your work. Do not repeat the names of supervisors listed in the Employment Data Section application.

Name \_\_\_\_\_

\_\_\_\_\_  
Business or Home Address (Street)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone Business Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Business or Home Address (Street)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone Business Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Business or Home Address (Street)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone Business Phone