1AN EQUAL OPPORTUNITY EMPLOYER

Application for Employment

**Please read before completing this application:**

The Town of McAdenville does not discriminate in hiring or employment based on the applicants’ status as protected veterans or individuals with disabilities, and prohibits discrimination against all individuals based on their race, color, religion, age, gender, gender identity, sexual orientation, or national origin. No question on the application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. The Town of McAdenville intends to check and hold you responsible for the accuracy of the statements you make on this application**.** This application will receive consideration for **thirty (30) days.** If you have not heard from us within thirty days and wish to receive further consideration for employment, it will be necessary for you to reactivate your application for another thirty days.

# Personal Data

Name

(Last) (First) (Middle)

Address

(Street) (City) (State) (Zip)

Telephone Number Are you 17 years or older?  Yes  No Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever pled guilty or been convicted of a crime other than a minor traffic violation? Do not include sealed and expunged convictions.  Yes  No

If yes, explain

*(A “yes” answer to this question does not necessarily preclude consideration for employment)*

Educational Data

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Circle Highest Grade Completed: | | | | |
| 1 2 3 4 5 6 7 8 9 1 0 1 1 1 2  Grade, Junior High or High School | | | 1 2 3 4 5  College or University | 1 2 3 4  Graduate School |
| Type of School | Name of School | **Location** | Major Subject or  Course of Study | Did You Graduate? |
| High School |  |  |  |  |
| College |  |  |  |  |
| Business or  Trade School |  |  |  |  |
| Correspondence  School |  |  |  |  |
| Other (Specify) |  |  |  |  |
| Graduate School |  |  |  |  |
| List Degree(s) Obtained | | | | |

Employment

qq Yes

Job applying for: Salary desired: Have you ever applied here before? When? Have you ever worked for this Company before? When? If yes, give the name(s) if different from the one given on this application

When could you report for work?

Indicate Shift Availability (Please check all that you are available to work)

 1st Shift  2nd Shift  3rd Shift  12 Hours (Day)  12 Hours (Night)  Part time  Part time, weekends only

Work History

yes, identify employer

 Yes  No

Are you currently covered by a non-compete agreement with any former employer? If

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| From (mo./yr.) | Company | | Telephone  AREA  ( ) | | Starting Salary  $ per | |
| To (mo./yr.) | Address City State Zip | | | | Final Salary  $ per | |
| Supervisor’s Name/Title | | Type of Business | | If this is your current employer, may we contact? | |  Yes   No |
| Your Position/Title | | Responsibilities/Duties | | | | |
| Specific Reason for Leaving | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| From (mo./yr.) | Company | | Telephone  AREA  ( ) | | Starting Salary  $ per | |
| To (mo./yr.) | Address City State Zip | | | | Final Salary  $ per | |
| Supervisor’s Name/Title | | Type of Business | | If this is your current employer, may we contact? | |  Yes   No |
| Your Position/Title | | Responsibilities/Duties | | | | |
| Specific Reason for Leaving | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| From (mo./yr.) | Company | | Telephone  AREA  ( ) | | Starting Salary  $ per | |
| To (mo./yr.) | Address City State Zip | | | | Final Salary  $ per | |
| Supervisor’s Name/Title | | Type of Business | | If this is your current employer, may we contact? | |  No |
| Your Position/Title | | Responsibilities/Duties | | | | |
| Specific Reason for Leaving | | | | | | |

Military

Branch of Service: Duties in the service, including schools and training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Skills

What knowledge, special technical or computer skills, and/or other qualifications have you acquired from employment or other experience? Include any specific equipment that you can proficiently operate and/or any software applications in which you are proficient.

List any first aid or emergency response training for which you are currently certified (give date of certification).

Professional References

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Give three references who are not relatives or former employers who can discuss work history. | | | | |
| Name | Occupation | Years  Known | Phone | Address |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Affidavit

I authorize, without liability, investigation of all statements in this application.

I authorize all schools which I attended and all previous employers to furnish to The Town of McAdenville my record, reason for leaving and all information they may have concerning me, and hereby release them and The Town of McAdenville from all liability for any damage whatsoever arising therefrom.

I authorize my neighbors, friends or others with whom I am acquainted or who are acquainted with me to furnish The Town of McAdenville with information used in connection with the evaluation of my qualifications as a prospective employee. I release such persons and organizations from any legal liability in making such statements.

I understand that in the event of my employment by The Town of McAdenville it shall be sufficient cause for dismissal if any of the information I have given in this application is false or if I have failed to give any information herein requested. I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by The Town of McAdenville, I agree to abide by all present and subsequently issued rules of the Town.

If hired, in consideration of my employment, I agree to comply with the policies, standards, and business ethics of The Town of McAdenville. I understand that my employment is at will and may be terminated by me or the company at any time without additional consideration or notice. I understand that no representative of The Town of McAdenville (except the Chief Executive Officer) has the authority to commit to any definite term of employment or alter the at-will employment agreement, and any such agreement must be in writing.

I understand that The Town of McAdenville is compliant with the Drug Free Workplace Act.

Signature Date

**1 Form #104 Rev. 5 – 06-29-2017**

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