

EDUCATION

Provide your complete history

(19) Indicate highest school year completed: (i.e. 8, 12, 16) _____

(20) Name of High School _____ City _____ State _____

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

Education Beyond H.S	Name and Location	Attended From				Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Years	Major Minor
		Mo.	Yr.	Mo.	Yr.				
College(s) University(ies)						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate or Professional Schools						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Technical Institutes, Internship, Other						<input type="checkbox"/> Yes <input type="checkbox"/> No			

KNOWLEDGE, SKILLS AND ABILITIES

(22) Please list any knowledge, skills or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. If you wish consideration for a secretarial/clerical position; indicate typing speed and word processing software packages known and/or used.

- (a) _____ (e) _____
- (b) _____ (f) _____
- (c) _____ (g) _____
- (d) _____ (h) _____

REGISTRATIONS, LICENSES, CERTIFICATIONS

(23) List fields of work for which you have been registered, licensed, or certified:

Registration: _____ State: _____ No.: _____ Exp. Date: _____

Registration: _____ State: _____ No.: _____ Exp. Date: _____

Other: _____

(24) Please list your **VALID DRIVER'S LICENSE NUMBER** and the state in which it was issued. If you do not have a driver's license, please put "NONE" in the blank – **Number:** _____ **State:** _____

(25) Is your driver's license a Commercial Driver's License? Yes No
 If YES, indicate the class: _____

EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable). "See attached resume" is NOT acceptable in the duties space.**

A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date separated _____

Employer or company _____ Telephone # (____) _____

Employer or company address _____

Name and title of most current supervisor _____

Full-time for: Yrs. _____ Mos. _____ Part-time for: Yrs. _____ Mos. _____ # of employees supervised by you _____

If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING OR DESIRING A CHANGE _____

B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date separated _____

Employer or company _____ Telephone # (____) _____

Employer or company address _____

Name and title of most current supervisor _____

Full-time for: Yrs. _____ Mos. _____ Part-time for: Yrs. _____ Mos. _____ # of employees supervised by you _____

If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING OR DESIRING A CHANGE _____

C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date separated _____

Employer or company _____ Telephone # (____) _____

Employer or company address _____

Name and title of most current supervisor _____

Full-time for: Yrs. _____ Mos. _____ Part-time for: Yrs. _____ Mos. _____ # of employees supervised by you _____

If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING OR DESIRING A CHANGE _____

D. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date separated _____

Employer or company _____ Telephone # (____) _____

Employer or company address _____

Name and title of most current supervisor _____

Full-time for: Yrs. _____ Mos. _____ Part-time for: Yrs. _____ Mos. _____ # of employees supervised by you _____

If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING OR DESIRING A CHANGE _____

E. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date separated _____
Employer or company _____ Telephone # (_____) _____
Employer or company address _____
Name and title of most current supervisor _____
Full-time for: Yrs. _____ Mos. _____ Part-time for: Yrs. _____ Mos. _____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING OR DESIRING A CHANGE _____

F. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date separated _____
Employer or company _____ Telephone # (_____) _____
Employer or company address _____
Name and title of most current supervisor _____
Full-time for: Yrs. _____ Mos. _____ Part-time for: Yrs. _____ Mos. _____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING OR DESIRING A CHANGE _____

(26) Have you had disciplinary action taken against you in the past 12 months? Yes No
If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)

(27) a.) Have you ever been dismissed or forced to resign from any job held? Yes No
b.) Were you dismissed or forced to resign for disciplinary reasons? Yes No
If YES to "a" or "b", explain under EXPLANATIONS. (A YES will not automatically disqualify you.)

(28) May we contact your present employer for reference prior to an interview (if granted)? Yes No N/A
If you are not currently employed, please mark the N/A box. If NO, explain under EXPLANATIONS.

EXPLANATIONS

ITEM # _____
ITEM # _____
ITEM # _____
ITEM # _____

Certification and Release (MUST BE SIGNED AND DATED BELOW)

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified, or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing the same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certifications earned, to the Town of Ayden; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the Town receives from an employer or educational institution under a promise of confidentiality.
- I also permit the Town of Ayden to conduct a Police, Court, Credit, and/or Motor Vehicle Records investigation of my background.
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by the Town of Ayden, then I serve "at will". This means that I may be terminated at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the Town Manager.

SIGNATURE _____

DATE _____

**SUPPLEMENT TO TOWN OF AYDEN
EMPLOYMENT APPLICATION**

The Town of Ayden is an Equal Opportunity Employer. **Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be separate from your employment application.** Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. It will be maintained in personnel files which must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of State General Statutes.

I. **POSITION APPLIED FOR:** _____

NAME: _____
Last First Middle

DATE OF APPLICATION: _____

II. **GENDER:** Male Female

III. **ETHNIC CATEGORY:** (Please mark box)

- White** – Origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black** – Origins in any of the Black racial groups of Africa. (Not Hispanic)
- Hispanic** – Mexican, Puerto Rican, Cuban, Central, or South American or other Spanish Culture or origin regardless of race.
- Asian or Pacific Islander** – Origins in the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.
- American Indian or Alaskan Native** – Origins in any of the original peoples of North America.

HOW DID YOU LEARN OF THIS OPENING: (Indicate below by marking the box beside the source)

- Newspaper (specify): _____
- Employment Security Commission
- Job Line
- Employment Interest Card
- Municipal Building Posting
- Internet
- Other (specify): _____

SOCIAL SECURITY NUMBER (SSN)

Providing this information as an applicant is voluntary and is only used as a personal identifier for internal record keeping. **If you are applying for an HRSS position, you must provide your SSN for drug testing. It will be used in place of your name.** Should you be employed, your social security number will be required for wage reporting, internal records and as a personal identifier for the Town's use.

SS#: _____

DRUG SCREENING

All **FINAL** applicants for high risk or safety sensitive positions (HRSS) must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

OVERTIME COMPENSATION AGREEMENT

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), whenever practicable, departments will schedule time off on an hour-for-hour basis within the applicable work period for non-exempt employees, instead of paying overtime. When time off within the work period cannot be granted, overtime work will be compensated in accordance with FLSA. Overtime work is subject to supervisory approval and may be affected by budgetary constraints.

SELECTIVE SERVICE REGISTRATION

If male and age 18 to 26, have you registered for Selective Service? Yes No

If not, you will have 30 days to comply if selected for a position as required by Federal law.

CERTIFICATION (THIS FORM MUST BE SIGNED)

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully, to the best of my knowledge.

Name

Date

An Equal Opportunity/Affirmative Action Employer