



APPLICATION FOR EMPLOYMENT FOR TOWN OF ROSEBORO

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please print:

Position(s) Applied For: _____ Date of application: _____

How Did You Learn About Position?

☐ Newspaper ☐ Website ☐ Friend ☐ Employee
☐ Relative ☐ Facebook ☐ Other: _____

Last name: _____ First name: _____ Middle name: _____

Complete address: _____

Phone(s): _____ Email Address: _____

Best number to contact you is: _____ Best time to contact you is: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? _____

Have you ever filed an application with us before? _____ If yes, date: _____

Have you ever been employed with us before? _____ If yes, dates: _____

Do any of your friends or relatives, other than spouse, work here? _____ If yes, who? _____

Are you currently employed? _____ If yes, may we contact your employer: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? _____ *Proof of citizenship or immigration status will be required upon employment*

Date available for work: _____ What is your desired salary range? _____

Are you available to work: Full-time _____ Part-time _____ Temporary _____

Are you currently on 'lay-off' status and subject to recall? _____

Can you travel if a job requires it? _____

EDUCATION	Name & address	Course of Study	Degree/Diploma	Date completed
High School				
College				
College				
Other				

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color religion, gender, national origin, disabilities or other protected status.

Employer: _____ Start date: _____ End date: _____

Address: _____ Phone: _____

Beginning salary: _____ Ending salary: _____

Starting position: _____ Ending position: _____

Describe work performed:

Supervisor: _____ May we contact supervisor: _____ Phone: _____

Reason for leaving: _____

Employer: _____ Start date: _____ End date: _____

Address: _____ Phone: _____

Beginning salary: _____ Ending salary: _____

Starting position: _____ Ending position: _____

Describe work performed:

Supervisor: _____ May we contact supervisor: _____ Phone: _____

Reason for leaving: _____

Employer: _____ Start date: _____ End date: _____

Address: _____ Phone: _____

Beginning salary: _____ Ending salary: _____

Starting position: _____ Ending position: _____

Describe work performed:

Supervisor: _____ May we contact supervisor: _____ Phone: _____

Reason for leaving: _____

Comments: Include explanation of any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

SPECIALIZED SKILLS (Skills/ Equipment Operated/ Computer Software Programs):

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? _____ A review of the activities involved in such a job or occupation has been given. _____

PERSONAL/PROFESSIONAL REFERENCES - Do not include family members or past supervisors.

Name	Phone	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT 'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge 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 document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I also give my consent for a drug testings and a criminal background check.

Signature of Applicant _____ Date _____

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