



# TOWN OF GARNER Employment Application

*An Equal Opportunity Employer*

Thank you for applying for employment with the Town of Garner. **PLEASE NOTE:** We accept Employment Applications for jobs shown on the Job Vacancies list only. To hear a listing of our current job vacancies, please call 919-773-4455 or visit our web site at [www.garnernc.gov](http://www.garnernc.gov).

Mail completed application to: Town of Garner, Attn: Human Resources, 900 Seventh Avenue, Garner, NC 27529.  
Hand-deliver completed application to: Human Resources Department, Town Hall, Building A, 900 Seventh Avenue.  
**The Town does not accept applications by fax or email.**

**Submit one application for each position. Fill out all sections COMPLETELY and to the best of your ability. Unsigned or incomplete applications WILL NOT be considered.**

## CURRENT INFORMATION

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1. Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Last First Middle
3. Address: \_\_\_\_\_  
Street & No. or PO Box City State Zip
4. Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Primary Alternate
5. Are you 18 or older?  Yes  No If NO, what is your birth date? \_\_\_\_\_
6. When will you be available to begin employment? \_\_\_\_\_

## GENERAL INFORMATION

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7. Have you ever been employed by the Town of Garner?  Yes  No  
If YES, Department: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_
8. Apart from absences for religious observations, will you accept employment requiring occasional night work, overtime, weekend work, "on-call" work?  Yes  No If NO, explain: \_\_\_\_\_
9. Are you now or were you previously related in any way to a current Town of Garner employee?  Yes  No  
If YES, Employee Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
10. Are you able to perform all of the duties of the job you have applied for?  Yes  No
11. Are you a U.S. Citizen or do you have authorization to work in the U.S.?  Yes  No
12. Have you ever been convicted of (or pleaded guilty or no contest or paid a fine for) ANY criminal offense of ANY type whatsoever (this includes, but is not limited to felonies, misdemeanors, DUI/DWI, hunting offenses, domestic violence, city or county ordinances)?  Yes  No If YES, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, length of time since offense, and nature of the crime will be taken into consideration.

13. Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CDL Class: \_\_\_\_\_

## EDUCATION

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14. List highest school year completed (i.e. 8, 12, 16) \_\_\_\_\_

15. Name of High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

16. Have you received a high school diploma or equivalent?  Yes  No

17. Education beyond High School (complete information below): If none, proceed to Question 18.

### College or University:

Name and Location	Dates Attended	Did you graduate?	Credit Hrs:	Degree, Diploma or Certification
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

### Graduate or Professional School:

Name and Location	Dates Attended	Did you graduate?	Credit Hrs:	Degree, Diploma or Certification
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

### Vocational/Technical School, Internship, Other:

Name and Location	Dates Attended	Did you graduate?	Credit Hrs:	Degree, Diploma or Certification
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

## KNOWLEDGE, SKILLS, and ABILITIES

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18. 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 are applying for a clerical position, please list your typing speed and any word processing software packages used.

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## SPECIAL CERTIFICATIONS, REGISTRATIONS and LICENSES

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19. List fields of work for which you have been certified, registered, or licensed:

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Other: \_\_\_\_\_

## EMPLOYMENT HISTORY

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Please list your complete employment history below, including any military or volunteer service. Your employment history should be fully documented and should NOT refer to an attached resume.

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

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Last salary: \_\_\_\_\_  
Employer or Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Title of Supervisor: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_  
Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ If part time, number of hours per week: \_\_\_\_  
Job Duties in Order of Importance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving or Desiring a Change: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Last salary: \_\_\_\_\_  
Employer or Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Title of Supervisor: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_  
Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ If part time, number of hours per week: \_\_\_\_  
Job Duties in Order of Importance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving or Desiring a Change: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Last salary: \_\_\_\_\_  
Employer or Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Title of Supervisor: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_  
Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ If part time, number of hours per week: \_\_\_\_  
Job Duties in Order of Importance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving or Desiring a Change: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Last salary: \_\_\_\_\_  
Employer or Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Title of Supervisor: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_  
Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ If part time, number of hours per week: \_\_\_\_  
Job Duties in Order of Importance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving or Desiring a Change: \_\_\_\_\_

Continue employment history on next page

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

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Last salary: \_\_\_\_\_  
Employer or Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Title of Supervisor: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_  
Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ If part time, number of hours per week: \_\_\_\_  
Job Duties in Order of Importance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving or Desiring a Change: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Last salary: \_\_\_\_\_  
Employer or Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_ Title of Supervisor: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_  
Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ If part time, number of hours per week: \_\_\_\_  
Job Duties in Order of Importance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving or Desiring a Change: \_\_\_\_\_

**\*\*\*Please add additional sheets to document complete employment history.\*\*\***

- 20. Have you had disciplinary action taken against you in the past 12 months?  Yes  No  
If YES, explain: \_\_\_\_\_
- 21. a) Have you ever been dismissed or forced to resign from any job held?  Yes  No  
If YES, explain: \_\_\_\_\_  
b) Were you dismissed or forced to resign for disciplinary reasons?  Yes  No  
If YES, explain: \_\_\_\_\_
- 22. May we contact your current employer for reference prior to an interview (if granted)?  Yes  No  N/A  
If NO, explain: \_\_\_\_\_

**CERTIFICATION AND RELEASE – This Application MUST BE SIGNED AND DATED BELOW to be considered.**

- ❖ I certify that, to the best of my knowledge and belief, the information provided on this application truthfully represents my background and experience. I understand that if I have knowingly, omitted, misrepresented, or falsified any of the information I may be disqualified for employment consideration or dismissed from employment from the Town of Garner.
- ❖ I authorize and release my current and former employers to give any and all information regarding my employment, together with any information regarding me whether or not it is on the records. I hereby release them from any damage or liability whatsoever for releasing this information. I also understand and permit the Town of Garner to conduct a criminal, background, credit, DMV and pre-employment drug/alcohol screening as necessitated by the requirements of the position for which I am applying.
- ❖ I authorize and release any educational institutions, registration, certification or licensing institutions or boards to disclose my scholastic ratings and qualifications to the Town of Garner.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Thank you for applying with the Town of Garner.**

## SUPPLEMENT TO TOWN OF GARNER EMPLOYMENT APPLICATION

Thank you for your interest in employment with the Town of Garner. **\*\*\*Please note that applicants will ONLY be contacted if the Town would like to schedule an interview or to discuss the position further.**

Please visit the Town of Garner web site for more information and to review our employee benefits at [www.GarnerNC.gov](http://www.GarnerNC.gov). Click on *Departments*, then *Human Resources*. For 24-hour updated information on our current job vacancies, please call our Job Line at 919-773-4455.

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### EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The Town of Garner is an Equal Opportunity Employer. We do not practice or condone discrimination, in any form, against employees or applicants on the grounds of race, creed, color, national origin, religion, sex, age, political affiliation or mental or physical except where physical or mental abilities, sex, or age are legitimate occupational qualifications. We need the following information in order to comply with the reporting requirements of the Equal Employment Opportunity Commission. **This entire form will be separate from your employment application and will not be forwarded to the Department Director for screening. This information will not be used in any way in the selection process or for any personnel action following employment.**

Position Applied For: \_\_\_\_\_ Date : \_\_\_\_\_

Name: \_\_\_\_\_ Gender:  Female  Male

Ethnic Category (mark all that apply):  American Indian or Alaskan Native  Asian or Pacific Islander  
 Black (not of Hispanic origin)  Hispanic  White (not of Hispanic origin)

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### TOWN OF GARNER GENERAL RELEASE

I, \_\_\_\_\_, hereby authorize those parties to whom this document is presented to make full disclosure of any and all records, reports, related documents or information that would reflect favorably or unfavorably upon my application to the Town of Garner. I further release from liability any person or persons or office or institution so providing aforementioned information in connection with the pre-employment investigation.

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### SELECTIVE SERVICE REGISTRATION

If you are male and between the ages of 18 and 26, have you registered for Selective Service?

Yes  No  N/A

If you have not, you will have thirty days (30) days to comply with the registration requirements if selected for a position as required by law.

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### IDENTITY AND EMPLOYABILITY

If employed, you must submit proof of identity and eligibility for legal employment by your third day of work. A complete list of acceptable documents will be provided to you by Human Resources or your supervisor.

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**\*\*\*PLEASE COMPLETE NEXT PAGE\*\*\***

**SOCIAL SECURITY NUMBER (SSN)**

Your Social Security number is needed in order to conduct pre-employment drug testing, and if hired, your Social Security number will be used for wage reporting and for Town identification.

**Social Security Number:** \_\_\_\_\_

**OVERTIME COMPENSATION AGREEMENT**

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we generally allow employees to choose between time off or pay for overtime worked. However, either is subject to supervisory approval and may be affected by budgetary constraints.

**DRUG/ALCOHOL FREE WORKPLACE  
DRUG SCREENING THROUGH URINALYSIS  
APPLICANT CONSENT**

- 1) I understand that as part of the pre-employment process as required by the Town of Garner I must submit to a urinalysis drug screening.
- 2) I hereby voluntarily consent to and authorize this test for the purpose of screening for the presence of illegal and unauthorized drugs.
- 3) I hereby authorize the release of the results of this test to Town of Garner officials with a need to know.
- 4) I will notify the specimen collector concerning all current and recent use by me of prescription and over-the-counter medications at the time of the urine test.
- 5) I understand:
  - a) That a negative from this screening is a condition of employment;
  - b) That all initial positive test results will be confirmed using a Gas Chromatography/Mass Spectrometry test;
  - c) That refusal to take the test will result in my no longer being considered as a candidate for employment in the position sought;
  - d) That I may request a retest, at my own expense, of the same sample in the event of a positive test result.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Applicants under 18 years of age:**

\_\_\_\_\_  
**Signature of Consenting Parent/Legal Guardian**

\_\_\_\_\_  
**Printed Name of Consenting Parent/Legal Guardian**

**HOW DID YOU LEARN OF THIS JOB OPENING? Check all that apply.**

- Town of Garner Web Site
- Other Web Site \_\_\_\_\_  
(please indicate which web site)
- Newspaper \_\_\_\_\_  
(please indicate which newspaper)
- Town Hall Bulletin Board
- Town of Garner Job Line – 773-4455
- Guidance/Career Services Office
- Teacher/Instructor/Professor
- Current Town Employee \_\_\_\_\_  
(please indicate the name of the employee)
- Employment Security Commission
- Other \_\_\_\_\_  
(please describe)