



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 listed on the Job Vacancies Listing ONLY. Employment Applications may be mailed to: Town of Garner Human Resources, P.O. Box 446, Garner, NC 27529, or hand delivered to 900 Seventh Avenue, Building A, Garner, NC. To hear a listing of our current job vacancies, please call 919.773.4455 or visit our web site at www.GarnerNC.gov.

Fill out all sections COMPLETELY and to the best of your ability. Unsigned, or incomplete applications WILL NOT be considered. The Town does not accept FAXED applications.

CURRENT INFORMATION

1. Position Applied For: _____ Date: _____

2. When will you be available for employment? _____

3. Name: _____
(Last) (First) (Middle)

4. Address: _____
Street & No. or PO Box City State Zip

5. Telephone: _____ / _____ Email Address: _____
Home Work

6. Are you 18 or older? Yes No If NO, what is your birth date? _____

GENERAL INFORMATION

7. Have you ever been employed with the Town of Garner? Yes No
If YES, what department and when? _____

8. Have you applied with the Town of Garner before? Yes No
If YES, what position and when? _____

9. Apart from absences for religious observations, will you accept employment requiring occasional night work, overtime, weekend work, "on-call" work? Yes No

10. Are you now or were you previously related in any way to a Town employee? Yes No
If YES, give name, relationship and department: _____

11. Are you able to perform all of the duties of the job you have applied for? Yes No

12. Are you an American citizen or do you currently have authorization to work in the U.S.? Yes No

13. Have you ever been convicted (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, DWI, hunting offenses, domestic violence, city or county ordinances)? Yes No 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. If YES, Explain:

EDUCATION

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(s) and/or University(ies):

Name and Location:	Dates Attended (Mo/Yr):	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 Schools:

Name and Location:	Dates Attended (Mo/Yr):	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	_____	_____

Technical Institutes, Internships, Other:

Name and Location:	Dates Attended (Mo/Yr):	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

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 secretarial/clerical position, please list your typing speed and any word processing software packages used.

SPECIAL CERTIFICATIONS, REGISTRATIONS and LICENSES

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: _____

20. 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. License Number: _____ State: _____ Exp: _____

21. Do you have a Commercial Driver's License? Yes No If YES, what class? _____

EMPLOYMENT HISTORY

Please list your complete work history below. Your work history should be fully documented and should NOT reference or refer to an attached resume.

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

Job Title: _____ Starting salary: _____ Last salary: _____
Date Hired: _____ Date Separated: _____
Employer or Company Name: _____ Phone Number: _____
Employer Address: _____
Name and Title of Supervisor: _____
Full-time for: Yrs _____ Mos _____ Part-time for: Yrs _____ Mos _____
Job Duties in Order of Importance:

Reason for Leaving or Desiring a Change: _____
May we contact your current employer?: Yes No

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

Job Title: _____ Starting salary: _____ Last salary: _____
Date Hired: _____ Date Separated: _____
Employer or Company Name: _____ Phone Number: _____
Employer Address: _____
Name and Title of Supervisor: _____
Full-time for: Yrs _____ Mos _____ Part-time for: Yrs _____ Mos _____
Job Duties in Order of Importance:

Reason for Leaving: _____

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

Job Title: _____ Starting salary: _____ Last salary: _____
Date Hired: _____ Date Separated: _____
Employer or Company Name: _____ Phone Number: _____
Employer Address: _____
Name and Title of Supervisor: _____
Full-time for: Yrs _____ Mos _____ Part-time for: Yrs _____ Mos _____
Job Duties in Order of Importance:

Reason for Leaving: _____

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

Job Title: _____ Starting salary: _____ Last salary: _____
Date Hired: _____ Date Separated: _____
Employer or Company Name: _____ Phone Number: _____
Employer Address: _____
Name and Title of Supervisor: _____
Full-time for: Yrs _____ Mos _____ Part-time for: Yrs _____ Mos _____
Job Duties in Order of Importance:

Reason for Leaving: _____

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

Job Title: _____ Starting salary: _____ Last salary: _____
Date Hired: _____ Date Separated: _____
Employer or Company Name: _____ Phone Number: _____
Employer Address: _____
Name and Title of Supervisor: _____
Full-time for: Yrs _____ Mos _____ Part-time for: Yrs _____ Mos _____
Job Duties in Order of Importance: _____

Reason for Leaving: _____

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

Job Title: _____ Starting salary: _____ Last salary: _____
Date Hired: _____ Date Separated: _____
Employer or Company Name: _____ Phone Number: _____
Employer Address: _____
Name and Title of Supervisor: _____
Full-time for: Yrs _____ Mos _____ Part-time for: Yrs _____ Mos _____
Job Duties in Order of Importance: _____

Reason for Leaving: _____

*****Please copy and add additional sheets if needed for work history.*****

22. Have you had disciplinary action taken against you in the past 12 months? Yes No
If YES, please explain below. (Answering YES will not automatically disqualify you.)
23. 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), please explain below. (Answering YES will not automatically disqualify you.)
24. May we contact your present employer for reference prior to an interview (if granted)? Yes No
If NO, please explain below. If you are not currently employed, please check here N/A

EXPLANATIONS:

Item # _____
Item # _____
Item # _____
Item # _____

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 given in this application truthfully represents my background and experience. I understand that if I have knowingly 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 in 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 on the Town and employee benefits at 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.

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)

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.

SELECTIVE SERVICE REGISTRATION

If you are a 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.

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.

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:** _____

Applicant 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.

- | | |
|--|---|
| <input type="checkbox"/> Town of Garner Web Site | <input type="checkbox"/> Guidance/Career Services Office |
| <input type="checkbox"/> Other Web Site _____
<small>(please indicate which web site)</small> | <input type="checkbox"/> Teacher/Instructor/Professor |
| <input type="checkbox"/> Newspaper _____
<small>(please indicate which newspaper)</small> | <input type="checkbox"/> Current Town Employee _____
<small>(please indicate the name of the employee)</small> |
| <input type="checkbox"/> Town Hall Bulletin Board | <input type="checkbox"/> Employment Security Commission |
| <input type="checkbox"/> Town of Garner Job Line - 773-4455 | <input type="checkbox"/> Other _____
<small>(please describe)</small> |