



# CITY OF CHERRYVILLE

116 SOUTH MOUNTAIN STREET  
 CHERRYVILLE, N.C. 28021  
 PHONE: 704-435-1709 • FAX 704-435-9933

## EMPLOYMENT APPLICATION

(An Equal Opportunity/Affirmative Action Employer)

**IMPORTANT:** Please read carefully. Please print or type. Fill out all sections of this application COMPLETELY and to the best of your ability. Your application will be used as part of the examination process and therefore should represent your best effort. Unsigned or incomplete application will not be considered. Once submitted, application materials become property of the City. An application must be received in Personnel by 5:00 p.m. on the closing date posted to ensure consideration.

### CURRENT INFORMATION:

1. POSITION TITLE \_\_\_\_\_ DATE: \_\_\_\_\_
  2. What date would you be available for employment? \_\_\_\_\_
  3. Are you seeking:  Full time regular  Part time regular  Temporary/prefer regular  Temporary only
  4. Name: \_\_\_\_\_  
   Last  First  Middle
  5. Address: \_\_\_\_\_  
   Street/ P.O. Box  City  State  Zip
  6. Telephone: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
   Home  Business  Cell
  7. Are you 18 or older? Yes  No
- If NO, What is your birth date: \_\_\_\_\_
- If NO, do you have a work permit? Yes  No

### GENERAL INFORMATION (Attach additional sheet if needed)

If you need to explain any answer, use the space under Item #31, EXPLANATIONS.

8. Apart from absences for religious observation, check employment conditions that you would be willing to accept.
 

	Night work	Weekend work	Overtime	Rotating shifts	On call
Occasional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
  
9. Have you ever been employed with the City of Cherryville? Yes  No   
     If YES, please explain under ITEM #31, EXPLANATIONS.
10. Have you applied to the City of Cherryville before? Yes  No
11. Are you willing to accept a salary within the advertised normal starting salary range? Yes  No
12. Are you now or were you previously related by blood or marriage to any City employee? Yes  No   
     If YES, please explain under ITEM #31, EXPLANATIONS.
13. Are you able to perform all of the duties of the job you have applied for? Yes  No
14. Have you ever been convicted of a felony? If YES, please explain under item #31, Explanation. Yes  No
15. Are you an American citizen or do you currently have authorization to work in the U.S.? Yes  No
16. Did you receive any of your education or employment experience under another name? Yes  No   
     If YES, please explain under Item #31, EXPLANATIONS.
17. Have you ever pled guilty to or been convicted of a crime. Yes  No   
     If YES, explain \_\_\_\_\_  
     \_\_\_\_\_

**EDUCATION:**

Give your complete educational history.

18. Circle highest school year completed: 1 2 3 4 5 6 7 8 9 10 11 12

19. High School \_\_\_\_\_  
Name City State

20. Have you received a high school diploma or equivalent? Yes  No  \_\_\_\_\_  
Location

Education Beyond High School	Name & Location	Attended				Did You Graduate?	Credit Hours	Degree, Diploma or Certificate Earned, Number of Years Completed	Major Subject
		From Month	Year	To Month	Year				Minor Subject
21. College(s) or University(ies)						Yes No			
22. Graduate or Professional Schools						Yes No			
23. Technical Inst. Internship, Other						Yes No			

**KNOWLEDGE, SKILLS & ABILITIES:**

24. Please list any knowledge, skills, or abilities you have that are applicable to the position 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) \_\_\_\_\_

**REGISTRATION, LICENSE, CERTIFICATIONS**

25. List Fields of work for which you have been registered, licensed, or certified.

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

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

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

26. Please list your 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. If license are revoked, please fill in the state that they were revoked.

#		STATE
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27. Is your driver's license a Commercial Driver's License? Yes  No  If YES, indicate the class \_\_\_\_\_

**EMPLOYMENT – Please read carefully**

Record your complete work history in the spaces below. Begin with your current or most recent position. Include military DD Form 214 and related volunteer experience. Continuation sheets are available. Attach as many sheets as are necessary to account for your complete record. Be sure to account for gaps in your employment history. All spaces must be complete or marked N/A (not applicable). "see attached resume" is not acceptable in the Duties space.

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

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ No. of employees supervised by you \_\_\_\_\_

Employer or Company \_\_\_\_\_ Telephone # \_\_\_\_\_

Date Employed \_\_\_\_\_ Address \_\_\_\_\_

Date Separated \_\_\_\_\_ Duties in order of importance \_\_\_\_\_

Full Time	Years	Months	_____
Part Time	_____	_____	_____
If part time number of hours worked per week			_____

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

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ No. of employees supervised by you \_\_\_\_\_

Employer or Company \_\_\_\_\_ Telephone # \_\_\_\_\_

Date Employed \_\_\_\_\_ Address \_\_\_\_\_

Date Separated \_\_\_\_\_ Duties in order of importance \_\_\_\_\_

Full Time	Years	Months	_____
Part Time	_____	_____	_____
If part time number of hours worked per week			_____

**C. NEXT EMPLOYMENT (explain gap in employment)**

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ No. of employees supervised by you \_\_\_\_\_

Employer or Company \_\_\_\_\_ Telephone # \_\_\_\_\_

Date Employed \_\_\_\_\_ Address \_\_\_\_\_

Date Separated \_\_\_\_\_ Duties in order of importance \_\_\_\_\_

Full Time	Years	Months	_____
Part Time	_____	_____	_____
If part time number of hours worked per week			_____

D. NEXT EMPLOYMENT (or explain gap in employment)

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ No. of employees supervised by you \_\_\_\_\_

Employer or Company \_\_\_\_\_ Telephone # \_\_\_\_\_

Date Employed \_\_\_\_\_ Address \_\_\_\_\_

Date Separated \_\_\_\_\_ Duties in order of importance \_\_\_\_\_

Full Time	Years	Months
Part Time	_____	_____
If part time number of hours worked per week _____		

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. NEXT EMPLOYMENT (explain gap in employment)

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ No. of employees supervised by you \_\_\_\_\_

Employer or Company \_\_\_\_\_ Telephone # \_\_\_\_\_

Date Employed \_\_\_\_\_ Address \_\_\_\_\_

Date Separated \_\_\_\_\_ Duties in order of importance \_\_\_\_\_

Full Time	Years	Months
Part Time	_____	_____
If part time number of hours worked per week _____		

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Have you had disciplinary action taken against you in the past 12 months? YES  NO   
 If YES, explain under Item #30, EXPLANATIONS. (A YES will not automatically disqualify you.)
29. 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 Item #30, EXPLANATIONS. (A YES will not automatically disqualify you.)
30. May we contact your present employer for reference prior to an interview (if granted)? YES  NO  N/A   
 If NO, explain under Item #30, EXPLANATIONS.

31. EXPLANATIONS: Indicate item number to which answers apply. \_\_\_\_\_  
 ITEM # \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Certification and Release (must be signed and date 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, I may be disqualified for employment consideration or dismissed from employment with the City.

I authorize my 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 same.

I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the City of Cherryville; 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 City receives from an employer or educational institution under a promise of confidentiality.

I also permit the City of Cherryville 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 City of Cherryville, 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 changes is specifically approved by the City Manager.

Signature \_\_\_\_\_ Date \_\_\_\_\_