# TOWN OF SMITHFIELD EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer <u>http://www.Smithfield-nc.com</u>

Applications may be emailed to <u>tim.kerigan@smithfield-nc.com</u> or mailed or hand delivered to: Town of Smithfield, Human Resources Department, 650 East Market Street, Smithfield, NC 27577 Fill out all sections **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 applications will not be considered**. Once submitted, application materials become the property of the Town. An application must be received in Town Hall by 5 pm on the closing date posted to ensure consideration. The Town does **not** accept FAXED applications. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," **APPLY IMMEDIATELY**.

# **CURRENT INFORMATION**

(1) POSITION TITLE		DATE	E:
<ul> <li>(2) When will you be available for employment? (i.e notice)</li> <li>(3) Are you seeking [] Full-time regular [</li> </ul>	. immediately, 2 we		Temporary Only
(4) NAME:(Last)	(First)	(Middle)	
(5) ADDRESS: Street & No. or P.O. Box	Town	State	Zip
(6) HOME TEL # ( )	BUS. TELEP	PHONE # ( )	
MOBILE TEL#	E-MAIL ADDRESS		
(7) Are you 18 or older? [ ] Yes [ ] No If NO, what	t is your birth date?		
GENERAL INFORMATION			
If you need to explain any answer, use the space under E	EXPLANATIONS near	the end of this application.	
(8) Apart from absences for religious observances,	check conditions that	at you are willing to accept.	
Regular: [] night work [] weekend	work [] overtime	[ ] rotating shifts [ ] "on-call" [ ] rotating shifts [ ] "on-call" [ ] rotating shifts [ ] "on-call"	
(9) Have you ever been employed with the Town of If YES, what department and when:			
(10) Have you applied to the Town of Smithfield be If YES, indicate what position and when:			
(11) Are you willing to accept a salary within the ad-	vertised normal star	ting salary range? [ ] Yes	[] No
(12) Are you now or were you previously related in If YES, give name, relationship and departr			Yes []No
(13) Are you able to perform all of the duties of the	job you have applied	d for? [] Yes	[ ] No
(14) Are you an American citizen or do you currentl	y have authorizatior	to work in the U.S.?[ ] Yes	[ ] No
15) Did you receive any of your education or emplo If YES, please explain under EXPLANATIC		nder another name?[ ] Yes	[ ] No

# EDUCATION

(25)

## Provide your complete history

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

(17) Name of High School \_\_\_\_\_\_ Town \_\_\_\_\_ State\_\_\_\_\_

(18) Have you received a high school diploma or equivalent? [] Yes [] No

Education Beyond High School	Name and Location	Мо	nded om Mo. `	Yr.	Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
College(s) University(ies)					Yes No			
Graduate or Professional Schools					Yes No			
Technical Institutes, Internship, Other					Yes No			

# **KNOWLEDGE, SKILLS & ABILITIES**

Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are (23)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)	<u>(e)</u>
(b)	(f)
(c)	<u>(g)</u>
(d)	(h)

# **REGISTRATIONS, LICENSES, CERTIFICATIONS**

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

Registration:	State:	No:	Exp. Date:
Registration:	State:	No:	Exp. Date:
Other:			
Please list your <b>VALID DRI</b> driver's license, please put <b>State</b> :			ich it was issued. If you do not have a

Is your driver's license a Commercial Driver's License? [] Yes [] No (26) 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	Startin	a Salarv	l ast Salary
Date employed	Date Separated	g calary	
Employer or company		Telephone # (	)
Employer or company address			
Name and Title of most current supervisor			
Full-time for: Yrs Mos Part-time f	or: Yrs Mos # of em	ployees supervised by you	
If you worked part-time, the number of hou	rs worked per week	. , ,	
DUTIES:			
-			
REASON FOR LEAVING or desiring a cha	nge		
B. NEXT MOST RECENT EMPLOYM	ENT (or explain gap in e	employment)	
JOB TITLE		Starting Salary	Last Salary
JOB TITLE 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 f			
Full-time for: Yrs Mos Part-time f	or: Yrs Mos# of em	ployees supervised by you_	
If you worked part-time, the number of hou	rs worked per week	_	
DUTIES:			
REASON FOR LEAVING			
	/		
C. NEXT MOST RECENT EMPLOYM	ENT (or explain gap in e	employment)	
JOB TITLE		Starting Salary	Last Salary
JOB TITLE Date employed Employer or company Employer or company address	Date Separated		
Employer or company		Telephone # (	)
Name and Title of most current supervisor			
Name and Title of most current supervisor Full-time for: Yrs Mos Part-time f	or: Yrs Mos# of em	ployees supervised by you_	
If you worked part-time, the number of hou	rs worked per week		
DUTIES:			
REASON FOR LEAVING			
D. NEXT MOST RECENT EMPLOYM	ENT (or explain gap in e	mployment)	
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 emplo	byees supervised by you
If you worked part-time, the number of hours worked per week	
DUTIES:	

### 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	femployees supervised by you	
	nber of hours worked per week		

REASON FOR LEAVING

### 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 e	employees supervised by you_			
If you worked part-time, the number of hours worked per week					
DUTIES:					

### REASON FOR LEAVING

(27) 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.)
<ul> <li>(28) a) Have you ever been dismissed or forced to resign from any job held? [] Yes [] No</li> <li>b) Were you dismissed or forced to resign for disciplinary reasons? [] Yes [] No</li> <li>If YES to "a" or "b", explain under EXPLANATIONS. (A YES will not automatically disqualify you.)</li> </ul>
(29) May we contact your present employer for reference prior to an interview (if granted)? [] Yes [] No If you are not currently employed, please check here N/A (). If NO, explain under EXPLANATIONS.

## **EXPLANATIONS**

ITEM #	 •
ITEM #	
ITEM #	
ITEM #	
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### 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 same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town of Smithfield; 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 Iaw, 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 Smithfield to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background where related to the job for which I am applying.
- 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 using or 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 Smithfield, then I serve "at will". This means that I may be terminated at any time. 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 SMITHFIELD EMPLOYMENT APPLICATION

The Town of Smithfield 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.** <u>This form will be separate from your employment application</u>. 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. POSITI	ON APPLIED FOR	: <u></u>			
NAME:	Last	First	Middle		
DATE OF	APPLICATION:				
II. SEX:	(Please circle)	Male	Female		
III. ETHNIC CATEGORY: (Please circle)					
<ul> <li>White - Origins in any of the original peoples of Europe, North Africa, or the Middle East.</li> <li>Black - Origins in any of the Black racial groups of Africa. (Not Hispanic)</li> <li>Hispanic - Mexican, Puerto Rican, Cuban, Central, or South American or other Spanish Culture or origin regardless of race.</li> <li>Asian or Pacific Islander - Origins in the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.</li> </ul>					

**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 placing a check beside the source)

 Newspaper ( <b>specify</b> ):
Employment Security Commission
 Job Line
 Employment Interest Card
 Came to Municipal Building
 Employment Opportunity List (where posted):
 Internet
 Other (specify):

### 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.

### SELECTIVE SERVICE REGISTRATION

If male and age 18 to 26, have you registered for Selective Service?

(Please check Yes

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

No

#### **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

#### **OVERTIME COMPENSATION AGREEMENT**