



CLAREMONT NORTH CAROLINA

APPLICATION FOR EMPLOYMENT

QUALIFIED APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR THE PRESENCE OF A NON-RELATED MEDICAL CONDITION OR HANDICAP.

ANSWER ALL QUESTIONS – PLEASE PRINT CLEARLY OR TYPE

POSITION APPLIED FOR: _____ DEPARTMENT: _____

FULL-TIME PART-TIME

DATE: _____

NAME: _____ EMAIL: _____
(Last) (First) (Middle) (Maiden, if applicable)

PRESENT MAILING ADDRESS: _____
(Street & Number or P.O. Box)

(City) (State) (Zip Code)

TELEPHONE: (____) ____ - ____ (____) ____ - ____ (____) ____ - ____
(Home) (Cell) (Other) please specify: _____

PLEASE BE SURE THAT YOU COMPLETE ALL SECTIONS OF THIS APPLICATION COMPLETELY AND ACCURATELY TO THE BEST OF YOUR ABILITY. YOUR APPLICATION WILL BE USED AS A PART OF THE EXAMINATION PROCESS AND, THEREFORE, SHOULD REPRESENT YOUR BEST EFFORT. FOR SOME POSITIONS YOU MAY BE ASKED TO SUBMIT A RESUME AND/OR COVER LETTER.

THE CITY OF CLAREMONT IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

EDUCATION (GIVE COMPLETE EDUCATIONAL HISTORY BELOW)

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Schools	Name and Location	Dates Attended	Graduate?	Major/Minor	Degree Type
High School		From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
College University		From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Graduate or Professional		From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Other educational, vocational school, internships, etc.		From: To:	<input type="checkbox"/> YES <input type="checkbox"/> NO		

SKILLS

Please list any knowledge, skills or abilities you have that you feel are applicable for the position you are applying:

DRIVER'S LICENSE INFO

Do you possess a valid driver's license? YES NO

If yes, please give the following:

License Number: _____ State Issued: _____ Class/Type: _____

Expiration Date: ____ / ____ / ____
(mo) (day) (year)

Note: Most positions require a valid driver's license.

CERTIFICATIONS

If the position you are applying for requires specific courses, skills, registration, licenses, or certification, please list below:

Registration: _____ State: ____ No: _____ Exp. Date: _____

Registration: _____ State: ____ No: _____ Exp. Date: _____

Other: _____

GENERAL INFORMATION

Have you ever been employed with the City of Claremont: _____? If yes, what Department and when _____.

Are you willing to accept a salary within the advertised normal starting salary range? _____.

Are you know or were previously related in any way to a City employee? _____ If yes, give name, relationship
And department: _____.

Are you able to perform all of the duties of the job you applied for? _____.

Are you an American citizen or do you currently have authorization to work in the U.S? _____

Did you receive any of your education or employment experience under another name? _____ If yes please explain. _____

CERTIFICATION AND RELEASE

1. 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 City.

2. I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their record. I hereby release them from any damages whatsoever for issuing same.

3. I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certifications earned, to the City; 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.

4. I also permit the City 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.

5. 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.

6. I understand and acknowledge that should I be employed by the City, 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 unless such change is specifically approved by the City Manager.

EMPLOYMENT DATA

In the space below, give your employment history beginning with your present or most recent employer and list all positions held, including military, part-time, seasonal, summer, and significant volunteer work. Details on any period of unemployment must be included

Current or Last Employer:				Address:			
Job Title:				Supervisor's Name:		No. Supervised by You:	
Date Employed (mo/yr):		Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:		May we Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Separated (mo/yr):		Duties:					
Full Time	Years	Months					
Part Time	Years	Months					
If Part Time, number of hours worked per week:							
Employer:				Address:			
Job Title:				Supervisor's Name:		No. Supervised by You:	
Date Employed (mo/yr):		Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:		May we Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date Separated (mo/yr):		Duties:					
Full Time	Years	Months					
Part Time	Years	Months					
If Part Time, number of hours worked per week:							

IF ADDITIONAL SPACE IS NEEDED PLEASE PRINT AN ADDITIONAL DATA SHEET OR USE A SHEET OF PAPER. ALL CONTINUATION SHEETS AND ADDITIONAL SHEETS OF PAPER CONTAINING EMPLOYMENT HISTORY MUST BE SIGNED AND DATED BY THE APPLICANT

REFERENCES

Please list three persons who are not related to you and who have a definite knowledge of your work. Do not repeat the names of supervisors listed in the Employment Data Section of this application.

Name: _____

Contact #: _____

Relationship: _____

Name: _____

Contact #: _____

Relationship: _____

Name: _____

Contact #: _____

Relationship: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Contact #: _____

Relationship: _____

DECLARATION OF APPLICANT

I CERTIFY THAT ALL THE STATEMENTS IN THIS APPLICATION AND ANY ATTACHED DOCUMENTS ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS MADE IN THIS APPLICATION AND RELEASE OF ANY PERTINENT INFORMATION TO THE CITY OF CLAREMONT HIRING OFFICIALS. I UNDERSTAND THAT FALSE INFORMATION MAY BE GROUNDS FOR REJECTION OF MY APPLICATION AND/OR DISMISSAL IF I AM EMPLOYED.

Signature of Applicant (unsigned applications will not be processed)

Date

POSITION APPLIED FOR: _____ DATE: _____

WHERE DID YOU LEARN OF THIS JOB OPENING? _____