

Office use only
Date Rec'd: _____



POST OFFICE BOX 1065 • DUNN, NORTH CAROLINA 28335
P.O. Box 1065, Dunn, NC 28335
(910) 230-3545
www.cityofdunn.org

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: It is important that you 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. Resumes will not be accepted in lieu of city application. Faxed applications will not be accepted. Applications are kept on file for two years.

Current Information (Please type or print clearly in ink)

Position Applied for _____ Date _____

When will you be available for employment? _____ Employment desired: (check all that apply)

Are you 18 years of age or older? Yes No Full-time Part-time Temporary Summer

NAME _____
Last First Middle

ADDRESS _____
Street & Number or P.O. Box City State Zip

HOME PHONE _____ CELL PHONE _____

DO YOU HAVE A VALID DRIVER LICENSE? Yes No CLASS _____ STATE _____

General Information (Attach additional sheet if needed)

Have you ever been employed with the City of Dunn? Yes No
If yes, what department & when? _____

Are you related by blood or marriage to any City employee? Yes No
If yes, give name, relationship and department _____

Are you a U.S. citizen? If no, you must be legally authorized to work in the U.S. and must provide work authorization documents before you begin work. Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain, giving details and dates of conviction(s). (Use additional sheets if needed). NOTE: The existence of a criminal record does not automatically eliminate you from employment consideration; the offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.

Education

Circle highest level 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

School	Location of School	Graduate	Credit Hours	Degree or Diploma	Major/Minor
High School or GED		Yes <input type="checkbox"/> No <input type="checkbox"/>			
College or University		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Graduate or Professional School		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Vocational/ Technical School or Other		Yes <input type="checkbox"/> No <input type="checkbox"/>			

Military Service

Are you a veteran? Yes No Branch of service: _____

Skills and Certifications

Please list any skills, abilities, special certifications, licenses, special training you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate. List computer skills separately as indicated below.

Please list computer knowledge and specific software skills.

Employment History

Record your complete work history in the spaces below (resume may be attached, however this section must be completed). Begin with your current or most recent employer first. Use continuation sheets if necessary.

May we contact your present employer? Yes No

Employer: (Present or most recent)	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Full time for: Years Months _____ _____	Reason for leaving:	
Part-time for: Years Months _____ _____		
If part-time, number of hrs. worked per week: _____		

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Full time for: Years Months _____ _____	Reason for leaving:	
Part-time for: Years Months _____ _____		
If part-time, number of hrs. worked per week: _____		

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Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Full time for: Years Months _____ _____ Part-time for: Years Months _____ _____ If part-time, number of hrs. worked per week: _____	Reason for leaving:	

References

Please do not list family relatives. We recommend listing persons such as coworkers, teachers, etc., who have knowledge of your qualifications for the position for which you are applying.

Name: _____ Address: _____ Telephone #: _____

Name: _____ Address: _____ Telephone #: _____

Name: _____ Address: _____ Telephone #: _____

I certify that all of the information provided by me on this application is accurate and complete. I understand that if I have knowingly misrepresented or falsified any of the application information, I may be disqualified for employment consideration or dismissed from employment with the City. I authorize my current and former employers to release any information regarding my employment along with any information regarding me, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same. I authorize educational institutions which I attended to reveal my scholastic rating, as well as degrees or certificates earned, to the City of Dunn. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the City receives from any employer or educational institution under a promise of confidentiality. I permit the City of Dunn to conduct a criminal and motor vehicle records investigation of my background. I understand that upon offer of employment from the City of Dunn, I will be tested for drug and alcohol use. I consent to the testing and understand that the results of such testing could preclude my employment with the City. I understand and acknowledge that should the City of Dunn employ me, 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 change is specifically approved by the City Manager.

Signature _____ Date _____

SUPPLEMENT TO EMPLOYMENT APPLICATION

The City of Dunn 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. This form will be separated from your employment application prior to the review of the application and is used solely for statistical reporting purposes.

Position applied for: _____ **Date:** _____

Providing this information as an applicant is voluntary and is only used as a personal identifier for record keeping purposes.

Gender: Male Female

Ethnic Group:

- Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White – (Not Hispanic or Latino) – Origins in Europe, the Middle East or North Africa.
- Black or African American – (Not Hispanic or Latino) – Origins in any of the black racial groups of Africa.
- Asian or Pacific Islanders – Origins in the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.
- Native American or Alaskan Native – Origins of the original peoples of North America.
- Two or More Races – All persons who identify with more than one of the above races.

Referral Source:

- Newspaper (please specify): _____
- Personal Referral
- Walk-In
- Internet (please specify): _____
- Employment Security Commission
- Other (please specify): _____

If you are male and between the ages of 18 through 26, have you registered for the selective service? Yes No

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