



APPLICATION FOR EMPLOYMENT

***** ALL APPLICANTS SUBJECT TO DRUG TESTING AND BACKGROUND CHECK *****

The Town of Huntersville will maintain this application in an active status for 30 days. If you desire to be considered for employment after 30 days from the date of this application, you must complete and submit a new application.

The Town of Huntersville is an Equal Opportunity Employer. The Town does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by law.

PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME, MIDDLE INITIAL)		LAST 4 DIGITS OF SOCIAL SECURITY NO. XXX-XX-_____	
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS	
DRIVER'S LICENSE # AND STATE OF ISSUANCE	ARE YOU AT LEAST 18 YEARS OF AGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YOUNGER THAN 18, DATE OF BIRTH	
HAVE YOU EVER BEEN EMPLOYED BY THE TOWN BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, GIVE DATE		
PRIMARY TYPE OF WORK APPLIED FOR (POSITION)			DATE AVAILABLE TO BEGIN WORK
TO THE BEST OF YOUR KNOWLEDGE, ARE YOU ABLE TO PERFORM THE FUNCTIONS OF THE JOB(S) FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> Yes <input type="checkbox"/> No			
HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No		IF YES, EXPLAIN (ATTACH ADDITIONAL SHEETS IF NECESSARY)	
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NOT, HAVE YOU RECEIVED AUTHORIZATION FROM THE UNITED STATES IMMIGRATION & NATURALIZATION SERVICE TO WORK IN THIS COUNTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATION DATE	COURSE OF STUDY/ DEGREE EARNED
HIGH SCHOOL			<input type="checkbox"/> N/A	
COLLEGE			<input type="checkbox"/> N/A	
TRADE, BUSINESS, CORRESPONDENCE OR GRADUATE SCHOOL			<input type="checkbox"/> N/A	
SPECIAL TRAINING, SKILLS, COURSEWORK, CERTIFICATIONS SPECIFICALLY RELATED TO THIS POSITION (Attach Resume if Necessary)				

EMPLOYMENT HISTORY

DATE MONTH & YEAR	NAME, ADDRESS & PHONE OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES (List below the names of three persons not related to you, whom you have known at least one year)

NAME	ADDRESS	BUSINESS	PHONE	YEARS KNOWN
1				
2				
3				

I certify that the foregoing answers are true and correct to the best of my knowledge and understand that any misstatement or omission as to any fact will constitute grounds for my immediate dismissal or rejection of my application. The correctness of all statements made in this application may be investigated. In connection with such investigation, I authorize all former employers and other persons contacted to release any and all information in their possession which has or may have a bearing on my suitability as an applicant, and I release all employers or other persons supplying or requesting such information from any and all liability.

DATE _____ SIGNATURE OF APPLICANT _____

Neither the acceptance of this application nor the subsequent entry into a type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statement, and the like, as they may exist from time to time, or other customary practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of the Town of Huntersville or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by written instrument signed by the Town Manager. Both the undersigned and the Town of Huntersville may end the employment relationship at any time, without specified notice or reason, and without liability by the Town of Huntersville to the undersigned except for earned wages or salary.

DATE _____ SIGNATURE OF APPLICANT _____

I recognize and acknowledge that the Town of Huntersville is fully committed to a work place free from illegal drugs and persons who abuse drugs. In this regard, I expressly consent to a pre-employment drug test, the results of which will be considered by the Town in its decision to hire me.

DATE _____ SIGNATURE OF APPLICANT _____

Do Not Write Below - For Office Use Only

TO BE COMPLETED FOR ALL CANDIDATES

Department Received:		Initials:
Date Application Received:		Initials:
Date Application Reviewed:		Initials:
Scheduled for an Interview	<input type="checkbox"/> Yes; Date: <input type="checkbox"/> No; Reason: <input type="checkbox"/> Date Letter Sent:	Initials:
References Checked	Date Completed:	Initials:
Recommended for Hire	<input type="checkbox"/> Yes; Position: <input type="checkbox"/> Wage/ Salary <input type="checkbox"/> No; Reason:	Initials:
Supervisor's Signature		
Director's Signature		
Forms Completed	<input type="checkbox"/> W-4 Forms <input type="checkbox"/> I-9 Forms <input type="checkbox"/> NC-4 Forms	
	<input type="checkbox"/> Copy Driver's License	
	<input type="checkbox"/> Copy SS Card	
	<input type="checkbox"/> Voided Check	
	<input type="checkbox"/> Confirmation of pay rate to Human Resources Officer	