HRD-104-A
Revised 4/2011

CITY OF LENOIR

APPLICATION FOR EMPLOYMENT

MAILING ADDRESS: POST OFFICE BOX 958, LENOIR, NORTH CAROLINA 28645
LOCATION: 801 WEST AVENUE NW, LENOIR, NORTH CAROLINA 28645

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

ANSWER ALL QUESTIONS-PLEASE PRINT OR TYPE YOUR NAME

POSITION APPLIED FOR_____ PART TIME_____ FULL TIME_____DATE_____

NAME _____SOCIAL SECURITY NUMBER_____
(Last) (First) (Middle) (Maiden, if applicable)

MAILING ADDRESS _____
(Street & No.) (City) (State) (Zip Code)

EMAIL ADDRESS _____

TELEPHONE_____
(Area Code if other than 828) (Home) (Business) (Other-Indicate whose number)

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 PART OF THE EXAMINATION PROCESS AND, THEREFORE, SHOULD REPRESENT YOUR BEST EFFORT. (FOR SOME POSITIONS YOU MAY BE ASKED TO COMPLETE A SUPPLEMENTAL APPLICATION.)

PURSUANT TO THE IDENTITY THEFT ACT OF 2005, USE OF YOUR SOCIAL SECURITY NUMBER WILL BE LIMITED TO TRACKING PURPOSES ONLY.

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL DATA

Are you a citizen of the United States? YES ☐ NO ☐.
If no, give country of which you are a citizen and your alien registration number.

_____

_____

_____

_____

Do you have any relatives currently employed by the City of Lenoir? If so, who, in what position, and in what department are they employed? What is the relationship?

_____

_____

_____

_____

PLEASE INDICATE HOW YOU FOUND OUT ABOUT THIS VACANT POSITION.

☐ City's Job Opportunities List?
☐ From a City employee?
☐ From Radio
☐ Employment Security Commission?
☐ From a newspaper? What newspaper?_____
☐ Other (Specify)_____
☐ From a friend?
☐ From TV?

_____

REFERENCE DATA

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_____

_____
Business or Home Address (Street)

_____
City State Zip

_____
Home Phone Business Phone

Name_____

_____
Business or Home Address (Street)

_____
City State Zip

_____
Home Phone Business Phone

Name_____

_____
Business or Home Address (Street)

_____
City State Zip

_____
Home Phone Business Phone

DECLARATION OF APPLICANT

I certify that all of the statements made 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 City of Lenoir hiring officials. In 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

BEFORE SUBMITTING THIS APPLICATION, PLEASE CHECK TO SEE THAT YOU HAVE:

1. LISTED YOUR SOCIAL SECURITY NUMBER CORRECTLY.
2. LISTED YOUR ZIP CODE CORRECTLY.
3. COMPLETED THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
4. GIVEN COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY.
5. SIGNED AND DATED YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN THE CITY OF LENOIR. THE CITY OF LENOIR WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

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	Grad?		S/Q Hrs.	Maj/Min Course Work	Type Deg.
High School		YES				
		NO				
College University		YES				
		NO				
Graduate or Professional		YES				
		NO				
Other educational vocational school, internships, etc.		YES				
		NO				

SKILLS

CHECK the following skills, experiences, etc. which you have:

☐ Sign language ☐ Foreign Language ☐ Data entry
☐ Braille skills ☐ Calculator ☐ Computer programming
☐ Typing (specify WPM) _____ ☐ Shorthand/speedwriting (specify WPM) _____ ☐ Other _____
☐ Valid Driver's License, Yes____No____If yes, Number _____ State _____ Class _____

If position requires specific courses, skills, registration, licenses, or certification, please list below giving dates, issuance, and source of issuance. _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) ☐ YES ☐ NO (If yes, please explain.) _____

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, summer, and significant volunteer work. Details on any period of unemployment must be included.

Current or Last Employer:			Address:		
Job Title:			Supervisor Name:		No. Supervised by You:
Date Employed (mo/yr)	Starting Salary $ per		Ending Salary $ per	Reason for Leaving	May We Contact Employer? YES ☐ NO ☐
Date Separated (mo/yr)	Duties:				
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

NAME _____

(TO BE TYPED IN BY CITY OFFICIAL)

Employer:			Address:	
Job Title:			Supervisor Name:	No. Supervised by You
Date Employed (mo/yr)	Starting Salary $ per		Ending Salary $ per	Reason for Leaving:
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 Name:	No. Supervised by You
Date Employed (mo/yr)	Starting Salary $ per		Ending Salary $ per	Reason for Leaving:
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 Name:	No. Supervised by You
Date Employed (mo/yr)	Starting Salary $ per		Ending Salary $ per	Reason for Leaving:
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 Name:	No. Supervised by You
Date Employed (mo/yr)	Starting Salary $ per		Ending Salary $ per	Reason for Leaving:
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 ASK FOR A CONTINUATION SHEET, OR USE A SHEET OF PAPER. ALL CONTINUATION SHEETS AND ADDITIONAL SHEETS OF PAPER CONTAINING JOB HISTORY MUST BE SIGNED AND DATED BY THE APPLICANT.

APPLICANT IDENTIFICATION SHEET

EQUAL OPPORTUNITY INFORMATION

The City of Lenoir prohibits discrimination based on race, sex, color, creed, national origin, age, or handicap. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population. **Pursuant to the Identity Theft Act of 2005, use of your social security number will be limited to tracking purposes only.**

NAME: _____
(Last) (First) (M.I.)

SOCIAL SECURITY #___ ___ ___ / ___ ___ / ___ ___ ___ ___

DATE OF BIRTH

☐☐ (mo) ☐☐ (day) ☐☐ (year)

SEX check 1 ☐ (male) 2 ☐ (female)

ETHNIC GROUP

1 ☐ White (caucasian, non-hispanic)
2 ☐ African American, Non-Hispanic
3 ☐ Hispanic (mexican, puerto rican, cuban, central or south american, other spanish origin regardless of race)
4 ☐ Asian (including pacific islander)
5 ☐ American Indian (including alaskan native)
6 ☐ Other _____

ARE YOU A VETERAN?
☐ Yes ☐ No
If yes, please give dates of service:
From:_____ To:_____
Do you have a service related disability?
☐ Yes ☐ No
If yes, please specify:_____
_____

HANDICAP: (A handicap is any impairment which substantially limits a major life function.) This information is optional. Failure to provide it will not subject you to any adverse treatment. It will be maintained separately and confidentially.

Please check:

1 ☐ Visual impairment/blindness
2 ☐ Hearing impairment/deafness
3 ☐ Cardiovascular disorder
4 ☐ Emotional/mental disorder
5 ☐ Nervous system/neurological disorder (epilepsy)
6 ☐ Speech impairment
7 ☐ Respiratory impairment
8 ☐ Loss or impairment of upper and/or lower limbs
9 ☐ Disabling diseases (arthritis, diabetes, etc.)
10 ☐ Alcoholism
11 ☐ Other (explain)
_____

If you have indicated that you have one of the above mentioned handicaps, please indicate what type of accommodation/device you would need to assist you in the performance of the duties of the position for which you have applied:
_____

Please indicate where such accommodations/devices may be obtained.
_____

POSITION APPLIED FOR: _____

WHERE DID YOU LEARN OF THIS JOB OPENING? _____

Upon completion, forward this application to the Employment Security Commission or the City of Lenoir Human Resources Department at Lenoir City Hall for processing.