



APPLICATION FOR EMPLOYMENT
City of Henderson, N.C.

AN EQUAL
OPPORTUNITY EMPLOYER

Instructions: Please fill out all sections of this application to the best of your ability. Your application will be used as part of the examination process and therefore should represent your best effort. We appreciate your interest and thank you for making application for employment.

PERSONAL

1. Position Applied For _____ Date of Application _____

2. Name _____
(Last) (First) (Middle)

3. Present Mailing Address _____
(Street) (City) (County) (State) (Zip Code)

4. Permanent Address _____
(Street) (City) (County) (State) (Zip Code)

5. Telephone: Home _____ If none, where can you be reached by phone? _____
Business _____ Resident's Name: _____

6. Are you 18 or above? _____

7. Do you want to work Full-Time or Part-Time? Specify days and hours if part-time

Are you willing and able to work rotating shifts? _____

8. Have you worked for the City before? _____ If yes, when and what position did you hold? _____

9. List any relatives working for the City and your relationship to them _____

10. During the past 10 years, have you ever been convicted of a crime, excluding misdemeanors and traffic violations? () No () Yes

11. Do you have a valid driver's license? _____ Chauffeur's license? _____
12. Clerical Skills: Typing _____ Shorthand _____ Other _____
13. Are there any other experiences, skills, or qualifications which you feel would be important to include?

MILITARY SERVICE

Have you registered for Selective Military Service () No () Yes

Have you ever served in the armed forces? () No () Yes

Dates of duty: From _____ to _____ Rank at discharge _____

Are you presently in the Reserves or have any other obligation? _____

EDUCATIONAL BACKGROUND

Type of School	Name & Address	How many yrs. attended?	Graduated	Course or Major
Grammar or Grade				
High School				
College				
Post Graduate				
Business or Trade				
Technical				
Other				

If you did not graduate from High School, did you obtain your GED equivalency? () Yes () No

If "Yes", where did you obtain it? _____

List the jobs that you have held. Beginning with your last or present employer. Include part-time jobs, military service, and/or periods of unemployment in the proper sequence. Failure to give complete information may result in rejection of your application. If more space is needed, use the continuation sheet on Page 4.

Dates	Name & Address of Employer	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
		Start	Finish		
From To					
Job Title	Describe briefly, the work you did				

Dates From To	Name & Address of Employer	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
		Start	Finish		
Job Title	Describe briefly, the work you did				

Dates From To	Name & Address of Employer	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
		Start	Finish		
Job Title	Describe briefly, the work you did				

Dates From To	Name & Address of Employer	Rate of Pay		Supervisor's Name & Title	Reason for Leaving
		Start	Finish		
Job Title	Describe briefly, the work you did				

May we contact the employers listed above? _____ If not, indicate below which ones you do not wish us to contact. _____

PERSONAL REFERENCES

List three persons who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed in Work History.

Name & Occupation	Address	Phone Number

We thank you for making application for employment with the City of Henderson, North Carolina.

AGREEMENT

PLEASE READ CAREFULLY THE SECTION BELOW BEFORE SIGNING. YOUR SIGNATURE BELOW INDICATES YOU UNDERSTAND EACH OF THE STATEMENTS AND HAVE REQUESTED ASSISTANCE IN UNDERSTANDING ANYTHING WHICH MAY BE CONFUSING OR UNCLEAR.

1. I certify that the information contained in this Application for Employment is true to the best of my knowledge and belief and I understand and agree that any misrepresentation or false statement by me in connection with this Application for Employment will constitute justifiable cause for the City of Henderson not to employ me, or if employed based upon false information, to terminate my employment for cause.
2. I understand and agree that all information furnished in this Application for Employment may be verified by the City of Henderson. I hereby authorize all individuals and organizations named or referred to in this Application for Employment and any law enforcement organization to give the City of Henderson all information relative to such verification and hereby release such individuals, organizations and the City of Henderson from any and all liability for any claim or damage resulting there from.
3. I understand that as part of the processing procedures for consideration of my employment with the City of Henderson an investigation report may be made concerning my character, general reputation, personal characteristics. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided.
4. I certify that I have complied with the requirements of the Federal Selective Service Registration Act to the extent they are applicable.
5. I understand that I will be required to furnish proof of eligibility for employment under the Immigration Reform and Control Act as a condition of employment by the City of Henderson.
6. I understand that, before being employment by the City of Henderson, I will submit to a Drug Screening Test, at the City's expense, and must satisfy the requirements of the City in this regard.

Signature _____

Date _____

**WE THANK YOU FOR MAKING APPLICATION FOR EMPLOYMENT WITH
THE CITY OF HENDERSON, NORTH CAROLINA**



PRE-EMPLOYMENT INFORMATION FORM

Please answer the following questions to help us comply with Federal/State equal employment opportunity recordkeeping, reporting, and other legal requirements.

This information will not be used in considering you for employment and the Pre-Employment Information Form will be kept in a confidential file separate from your Application for Employment.

1. Name: _____

Last

First

Middle

2. Birth Date: _____

Month

Day

Year

3. Race/Ethnic Group: Caucasian Afro-American Other _____

Hispanic

American Indian

4. Sex: Male

Female

5. Position Applied For: _____



City of Henderson
Post Office Box 1434
180 Beckford Drive
Henderson, North Carolina 27536

Human
Resources
Department

Phone **(252) 431-6009** Fax **(252)492-4322**

To The Henderson Police Department:

I, the undersigned, hereby give the Henderson Police Department the authority to run a check on my driving records. I understand that this is required in order for me to be considered for a position with the City of Henderson which requires that I operate a City owned vehicle.

(Please Print)

Name: _____

Date of Birth: _____

N.C. Driving License Number: _____

Address: _____

Signature: _____

Date: _____