

| |
|------------------------|
| OFFICE USE ONLY |
| LOG# ___ / ___ / ___ |
| PRM/OPT _____ |

CITY OF GASTONIA
Gastonia, North Carolina
AN EQUAL OPPORTUNITY EMPLOYER – M/F/H
APPLICATION FOR EMPLOYMENT

| | | |
|--|-------------|--|
| FULL NAME (Last, First, Middle) | DATE | POSITION APPLIED FOR (1 Application / Job Opening) |
| ADDRESS (Street or PO Box) | | MINIMUM SALARY EXPECTED |
| City, State, Zip Code _____ County _____ | | WHICH OF THE FOLLOWING WILL YOU ACCEPT? (Check All That Apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Rotating Shifts <input type="checkbox"/> Part Time <input type="checkbox"/> Nights <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Seasonal |
| How Many Years Have You Lived at This Address? | | |
| PHONE#s 1 st Contact# _____ 2 nd Contact# _____ | | |
| Are You 18 Years of Age or Older? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Hired, When Can You Start? |

EDUCATION INFORMATION

(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

| | Name and Location | Dates Attended | Graduate | Degree | Major |
|-----------------------------|-------------------|----------------|--|--------|-------|
| High School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| College or University | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Graduate or Professional | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Business, Trade or Military | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

SKILLS AND LICENSE INFORMATION

| | |
|---|--|
| Active Professional Registrations/Licenses/Certifications (Examples: Notary, Water/Wastewater, EIT, PE, EMT, etc.) | On-the-Job Apprenticeship/Vocational Training <input type="checkbox"/> Yes <input type="checkbox"/> No List Your Trade/s? _____ What Year Did You Complete Your Training? _____ How Many Years of Work Experience In Your Trade? _____ |
| Do You Possess Any of the Following Skills? Typing: <input type="checkbox"/> Yes <input type="checkbox"/> No Speed _____ (wpm) List Computer Applications Below: (Word, Excel, PPoint, Access, etc) _____ | Can You Operate the Automotive Equipment Listed Below? Trucks/Dump Trucks <input type="checkbox"/> Yes <input type="checkbox"/> No Backhoes <input type="checkbox"/> Yes <input type="checkbox"/> No Front-End Loaders <input type="checkbox"/> Yes <input type="checkbox"/> No List Other: _____ |
| Do You Speak Other Languages: <input type="checkbox"/> Yes <input type="checkbox"/> No List Other Language/s: _____ | Do You Possess a Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No List Class and Endorsement/s? _____ |

PERSONAL INFORMATION

Are You a United States Citizen? Yes No / If Not, Are You Eligible to Work in the United States? Yes No
(The City of Gastonia Will Only Hire United States Citizens or Aliens Authorized to Work in the United States.)

Have You Worked for the City of Gastonia Before? Yes No If yes, Dept./Div. _____ Dates _____ to _____

Do Any of Your Relatives Work For Us? Yes No If Yes, List Names and Relationships: _____

Have You Complied with the Requirements of the Federal Selective Service Registration Act (Draft Registration)? N/A Yes No

Have You Served in the U.S. Armed Forces? Yes No If yes, Branch _____ Dates _____ to _____

Highest Rank Attained _____ Occupational Specialty _____

Have You Ever Been Convicted of a Crime Other Than Minor Traffic Violations? (This Does Not Automatically Disqualify You.) If Yes, List the Date, Place and Disposition of Case: _____

EMPLOYMENT IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A DRUG SCREENING EVALUATION. SUCCESSFUL COMPLETION OF THIS EVALUATION IS NO GUARANTEE OF EMPLOYMENT.

EMPLOYMENT HISTORY

List below your previous work experience. Start with your most recent position and work back in time. Please include service in the U.S. Armed Forces and any self-employment. Use continuation sheet if more space is needed.

LAST OR CURRENT JOB

Employer _____ Phone # _____
 Employer's Address _____
 Your title _____ Number people supervised: _____
 Specific Duties _____

 May we contact for reference: Yes No Comments: _____
 Reason for leaving: _____

Month Year
 From _____
 To _____
 Full Time Yes No
 Part Time Yes No
 Starting Salary _____
 Last Salary _____

Supervisor's Name and Title _____

JOB HELD BEFORE LAST OR CURRENT JOB

Employer _____ Phone # _____
 Employer's Address _____
 Your title _____ Number people supervised: _____
 Specific Duties _____

 May we contact for reference: Yes No Comments: _____
 Reason for leaving: _____

Month Year
 From _____
 To _____
 Full Time Yes No
 Part Time Yes No
 Starting Salary _____
 Last Salary _____

Supervisor's Name and Title _____

NEXT MOST RECENT JOB

Employer _____ Phone # _____
 Employer's Address _____
 Your title _____ Number people supervised: _____
 Specific Duties _____

 May we contact for reference: Yes No Comments: _____
 Reason for leaving: _____

Month Year
 From _____
 To _____
 Full Time Yes No
 Part Time Yes No
 Starting Salary _____
 Last Salary _____

Supervisor's Name and Title _____

NEXT MOST RECENT JOB

Employer _____ Phone # _____
 Employer's Address _____
 Your title _____ Number people supervised: _____
 Specific Duties _____

 May we contact for reference: Yes No Comments: _____
 Reason for leaving: _____

Month Year
 From _____
 To _____
 Full Time Yes No
 Part Time Yes No
 Starting Salary _____
 Last Salary _____

Supervisor's Name and Title _____

PERSONAL REFERENCES (List three people, other than relatives or former employers, who can vouch for your character.)

| | Name | Street Address | City/State | Phone# | #Yrs Known |
|----|-------|----------------|------------|--------|------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |

I certify that the facts entered in this application are true, complete and accurate to the best of my knowledge. I understand that misstatements and falsifications are grounds for non-selection and, if discovered after employment, are grounds for immediate dismissal without recourse. I also understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. Pursuant to the Immigration Reform and Control Act of 1986, I understand that, if hired, I must provide the City with the appropriate document(s) verifying both identity and employment eligibility to work in the United States.

Signature of Applicant _____

Date _____

CITY OF GASTONIA
Gastonia, North Carolina
AN EQUAL OPPORTUNITY EMPLOYER – M/F/H
APPLICANT RECORD (THIS SECTION MUST BE COMPLETE)

| |
|-------------------------|
| OFFICE USE ONLY |
| LOG# ____ / ____ / ____ |
| PRM/OPT _____ |

DATE _____ POSITION APPLIED FOR _____

FULL NAME _____
 Last First Middle

MAILING ADDRESS _____
 Street Address or Post Office Box _____
 City State Zip Code

PHONE# _____
 1st Contact # 2nd Contact #

EMAIL ADDRESS _____

The City of Gastonia will provide equal opportunity through a positive and continuing program for all persons. The City will prohibit discrimination on the basis of race, color, religion, sex, national origin, disability, age or any other factor that cannot be lawfully used as the basis for employment decision.

Federal laws and regulations require employers to monitor and report the status of their equal employment opportunity and affirmative action programs on a continuous basis. Therefore, we are asking you to complete the information below. This information will be maintained only for the purpose of monitoring and reporting compliance in accordance with applicable laws and regulations as well as to insure compliance with the City policies and procedures and will not be used for any other purposes.

RESEARCH INFORMATION (VOLUNTARY)

The research information below remains in the Human Resources Department and will not be used for any hiring decisions. Failure to provide this information will not adversely affect any consideration for employment and will be treated as confidential.

| | | |
|---|--|---|
| <p>DATE OF BIRTH</p> <p>____ / ____ / ____</p> <p style="text-align: center;">MO DAY YR</p> | <p>SEX (Checked One)</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>ETHNIC BACKGROUND</p> <p><input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian American / Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other _____</p> | <p>HOW DID YOU LEARN ABOUT VACANCY?</p> <p><input type="checkbox"/> City Employment Board <input type="checkbox"/> Employment Security Commission <input type="checkbox"/> City employee <input type="checkbox"/> Newspaper/Journal Ad <input type="checkbox"/> Job Line <input type="checkbox"/> Internet <input type="checkbox"/> Govt. Access Channel <input type="checkbox"/> Other _____</p> |
| <p>VETERAN STATUS (Are You a Veteran?)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | |

MAILING AND CONTACT INFORMATION

City of Gastonia
 Employment Division
 181 South Street, City Hall
 P.O. Box 1748
 Gastonia, N.C. 28053-1748

Phone#: (704) 866-6858 / (704) 854-6667
 Fax#: (704) 836-0045
 Email: jobs@cityofgastonia.com

REFERENCE/BACKGROUND CHECK AUTHORIZATION

I grant permission for the City of Gastonia’s designated representative(s) to obtain employment related information from previous employers and/or other sources of reference. I also hereby grant permission to applicable sources to release employment related information. I further authorize the City of Gastonia’s designated representative(s) to use information provided on my application to review other areas in my background including but not limited to educational verification, driver’s record verification, criminal and credit history, if necessary, and grant applicable sources permission to release such information.

A photocopy of this signed Reference/Background Check Authorization shall have the same binding effect as the original form.

Please list any other names you have ever gone by.

Please list any former addresses that you have lived during the past 7 years.

DRIVER’S LICENSE/SOCIAL SECURITY NUMBER REQUEST

The City of Gastonia requests your Driver’s License # and Social Security # to assist us in conducting the following background checks: Criminal History, Driving Record and Credit History as required. We will not divulge this information to anyone or any organization except on a strict need to know basis.

Do You Have a Valid Driver’s License or a State Issued ID Card? Yes No

State: _____ License #: _____

Class/Type: _____ Exp Date: _____ Endorsements: _____

If Necessary, Are You Willing to Use Your Personal Vehicle to Conduct City Business? Yes No

Social Security # _____

Signature of Applicant _____ **Date** _____

By my signature above, I certify that I understand the reason(s) for the City of Gastonia’s request for my Driver’s License #, Social Security # and other requests for Reference/Background Information as stated above.