



EMPLOYMENT APPLICATION
An Equal Opportunity Employer

Position Applied for: _____

Date: _____

Applicant's Name _____
Last First Middle

Present Address _____
Number Street City State Zip code County

Home Phone _____ Cell Phone _____ Best time to contact _____

Email Address _____ Are you at least 18 years of age? Yes___ No___

If applying for a police officer position, please provide us with your Date of Birth? _____

Are you legally authorized to work in the United States? Yes___ No___

If yes, can you provide proof of eligibility? Yes___ No___ (Proof of Citizenship is Required)

Have you previously been employed with The Town of Pineville? Yes___ No___ If yes, please provide:

Dates of employment _____ Department _____ Reason for separation _____

Are you currently employed? Yes___ No___ If yes, may we contact present employer Yes___ No___

Desired Salary Range _____ Date available for work _____

Employment desired Full-Time Only ___ Part-Time Only ___ Full or Part -time ___

Please state your availability if seeking Part -Time Hours? _____

Do you have any relatives working for Town of Pineville? Yes___ No___, If so, provide name & position

Have you ever been convicted of a felony? Yes___ No___ If yes, please give date, place and nature of the conviction in the space provided.

Any conviction will not automatically prohibit the possibility of employment. All relevant facts of a conviction will be considered as it relates to the position(s) for which an applicant is applying.

EDUCATION

School	Name and Address of School	Did you Graduate? Yes or No	Number of Years Completed	Major & Degree
High School				
Technical, Business or Trade School				
College (s)				
Graduate				

If you did not graduate from high school , did you receive your GED? Yes__ No__

Do you have any vocational or business training? Yes__ No__ If yes, please indicate.

Do you have any occupational licenses or certificates? Yes__ No__ If yes, please indicate.

Please describe any job-related training received in the United States Military, if applicable:

Use this space for any additional information that we may find helpful in considering your application (ex., CDL, Computer training/appl., etc.)

List professional and vocational qualifications(i.e. publications, public speaking, volunteer experience, membership in professional organizations, civic activities and offices held). (You may exclude memberships, which would reveal gender, race, religion, national origin, age, ancestry, disability or any other protected status.

PRE-EMPLOYMENT DRUG SCREENING

A routine pre-employment drug screening test with a negative test result is required as a condition of employment. (Scheduling will be provided at the appropriate time.)

Please read the following statement and mark yes or no in the space provided.

Have you tested positive or refused to test, on any pre-employment drug or alcohol test for safety sensitive transportation work covered by the Department of Transportation agency drug and alcohol testing rules during the past two years? Yes ___ No ___

EMPLOYMENT HISTORY

Please list your work experience starting with your present or most recent job. Please include service in the Armed Forces and/or self employment. Attach additional sheets if necessary.

EMPLOYER	DUTIES
Job Title	
From _____ To _____	
Address	
City _____ State _____ Zip code _____	
Telephone () _____	
Supervisor	
Number of people you supervised	Salary \$ _____ \$ _____
Reason for leaving	Starting _____ Ending _____

EMPLOYER	DUTIES
Job Title	
From _____ To _____	
Address	
City _____ State _____ Zip code _____	
Telephone () _____	
Supervisor	
Number of people you supervised	Salary \$ _____ \$ _____
Reason for leaving	Starting _____ Ending _____

EMPLOYER	DUTIES
Job Title	
From _____ To _____	
Address	
City _____ State _____ Zip code _____	
Telephone () _____	
Supervisor	
Number of people you supervised	Salary \$ _____ \$ _____
Reason for leaving	Starting _____ Ending _____

REFERENCES

Please list at least two professional references and one personal reference who can attest to your character, skills and abilities.

Name	Address	Phone Number	Position	No. of Years Known

APPLICATION CERTIFICATION

I hereby affirm that the information provided on this application and resume, if attached, is true and complete to the best of my knowledge. I also agree that falsified information, misleading or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means it may be terminated any anytime, for any reason at all, at the will of either the Township or the employee.

I hereby understand and agree that any employee handbook or other written material provided to me upon initial employment or at anytime thereafter will not constitute an employment contract, but merely a statement of the present policies of the Town and that such policies of the Town may be amended or discontinued at anytime.

I understand this application for employment shall be considered active for a period not to exceed **6 months**.

Applicant Signature

Date