



Pineville
NORTH CAROLINA
Pineville Employment Application
An Equal Opportunity Employer

Position Applied for: _____

Date: _____

Applicant's Name:

Present Address: _____
Last First Middle

_____ 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

Are you an internal candidate? Yes No

If you selected yes, please fill out the following information:

Department: _____ Current

Title _____ How long in current position: _____

Reason for seeking transfer/promotion: _____

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 Part-Time 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

Reason for Leaving _____

EMPLOYER _____

FROM _____ TO _____

ADDRESS _____

City

State

Zip Code

Job Title _____

Telephone _____

Supervisor _____

Number of employees supervised _____

Reason for Leaving _____

DUTIES:

Salary \$ _____ \$ _____
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	Number 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 Town 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