Town of Hope Mills
Employment Application

5770 Rockfish Road
Hope Mills, NC 28348
www.townofhopemills.com

An Equal Opportunity/Affirmative Action Employer

Phone: (910) 424-4555 Fax: (910) 429-3396

INSTRUCTIONS: It is important that you fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. Incomplete and unsigned applications will not be processed. Resumes will not be accepted in lieu of Town application.

Current Information (Please type or print clearly in ink)

Position Applied for _____ Date _____

When will you be available for employment? _____

Minimum or other acceptable salary: _____

Employment desired: (check all that apply)
Full-time ☐ Part-time ☐ Temporary ☐ Summer ☐

NAME _____
Last First Middle Maiden

ADDRESS _____
Street & Number or P.O. Box Town State Zip

TELEPHONE _____ _____
Home Business/Cell

If neither, where can you be reached? _____

EMAIL ADDRESS _____ (optional)

General Information (Attach additional sheet if needed)

a. Have you ever been employed with the Town of Hope Mills? Yes ☐ No ☐
If yes, what department & when?_____

b. Are you related by blood or marriage to any Town employee? Yes ☐ No ☐
If yes, give name, relationship and department _____

c. Have you ever been convicted of a criminal offense against the law other than a minor traffic infraction? Yes ☐ No ☐

If yes, please explain when, where, and disposition of case. NOTE: The existence of a criminal record does not automatically eliminate you from employment consideration.

_____

_____

d. Please list your driver's license number, type, expiration date, and the state where it was issued.

_____

e. Are you able to perform the essential functions of the position which you are applying with or with out reasonable accommodations? Yes ☐ No ☐

INTERNAL USE ONLY: Application logged __yes Send to dept:__ yes __ no Date sent: _____ Dept sent to: _____

Education

School	Location of School	Graduate	Semester Quarter Hours	Type of Degree or Diploma	Major/Minor Subject
High School or GED		Yes ☐ No ☐			
College or University		Yes ☐ No ☐			
Graduate or Professional School		Yes ☐ No ☐			
Vocational/ Technical School or Other-		Yes ☐ No ☐			
Basic Law Enforcement Training		Yes ☐ No ☐	Dates Attended:		

*Please list military services in the employment history section

Skills, Certifications

Please list any skills, abilities, special certifications, licenses, special training, or courses you have had that you feel are applicable to the position for which you applied. Include skills with equipment or machines you operate. List computer skills separately as indicated below.

(a) _____

(b) _____

(c) _____

(d) _____

(e) _____

(f) _____

(g)_____

(h) _____

(i) _____

_____Check if current **North Carolina Law Enforcement Certification**

Please list computer knowledge and specific software skills:

_____

_____

_____

Employment History

Record your complete work history in the spaces below (resume may be attached however this section must be completed). Begin with your current or most recent employer first. Use continuation sheets as necessary to account for your full record. Be sure to account for gaps in your employment history. Related volunteer experience should also be listed.

May we contact your present employer? Yes ☐ No ☐

Employer: (Present or most recent)	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Full time for: Years Months _____ _____ Part-time for: Years Months _____ _____ If part-time number of hrs. worked per week: _____	Reason for leaving:	

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(Use continuation sheets as necessary to account for your full record.)

References

Please do not list family relatives. We recommend listing persons such as coworkers, teachers, etc., who have knowledge of your qualifications for the position for which you are applying

(a) Name: _____ Address: _____ Telephone #:_____

(b) Name: _____ Address: _____ Telephone #:_____

(c) Name: _____ Address: _____ Telephone #:_____

Please read and sign the statement below. We will not check a reference with your current employer unless you have given us permission on the previous page.

I certify that, to the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly misrepresented, falsified or omitted any information during the application process, I may be disqualified for employment consideration or dismissed from employment with the Town.

I authorize my current and former employers to give any information regarding my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.

I also authorize the Town of Hope Mills to conduct a Police, Court, and/or Motor Vehicle Records investigation of my background.

I also authorize schools and other educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to Town representatives who are investigating my educational background.

I understand that I will be tested for drug and alcohol use. I consent to the testing and understand that the results could preclude my appointment.

Signature _____ **Date** _____

Supplement to Town of Hope Mills Employment Application

Selective Service Registration ***(for males ages 18 through 25)***

If male and age 18 through 25, have you registered for Selective Service? Yes ☐ No ☐

Males who are age 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Service Act. State law prohibits local governments from employing anyone who has not complied with this requirement. If you have not registered, you will have 30 days to comply if selected for a position as required by Federal law.

Overtime Compensation Agreement

Consistent with the provisions of the Fair Labor Standards Act, it is the Town's policy to compensate non-exempt employees for overtime work with compensatory time off or overtime pay. If employed in a non-exempt position, I agree to accept, at the discretion of the Town, either compensatory time off or overtime pay, as appropriate compensation for overtime work that I may be required to perform as an employee of the Town of Hope Mills.

Certification (this form must be signed)

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.

_____

Signature Date

Employment Background Authorization & Release

I hereby authorize Background Investigation Bureau, Inc. to obtain any and all information that pertains to my eligibility for employment. This information will include, but is not limited to, arrest and/or criminal records, credit history, driver/motor vehicle abstract, employment verification, education verification and social security number verification. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency to furnish the above-mentioned information. I further authorize the procurement of the above-mentioned reports at *any time* during my employment or contract.

Please Print All Information Clearly

Personal Information (List all names used)

	Last	First	Middle
Name	_____	_____	_____
Name	_____	_____	_____
Name	_____	_____	_____

Current Street Address _____ City _____ State _____

Zip _____ SSN _____ Date of Birth _____

Gender _____ Race _____

Drivers License Number _____ State Issued _____ Expires _____

I state that the information provided is accurate to the best of my knowledge. I also understand that information about my background may contain negative information about my character and style of living. My signature releases any liability against Background Investigation Bureau, Inc. or it's acting agents. A photo or fax copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

Signature _____**Date:** _____

EQUAL EMPLOYMENT OPPORTUNITY VOLUNTARY SELF-IDENTIFICATION FORM

The Town of Hope Mills is an Equal Opportunity Employer. Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be separated from your employment application. Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. The Town of Hope Mills complies with the Immigration Reform and Control Act of 1986. All employees must provide documentation to verify identity and employment eligibility within the first three days of employment with the Town of Hope Mills.

Section I. Position Applied for: _____

Name:_____**Date of Application:**_____
Last First Middle

Section II.

Sex: Male ☐ **Female** ☐

How did you learn of this opening?

☐ Newspaper *(specify)*:_____

☐ A Town Employee

☐ Employment Security Commission

☐ Town of Hope Mills Website

☐ Posting in Human Resources or other Town location *(specify)*:_____

☐ Other *(please specify)*:

Ethnic Category *(please check one)*

☐ **White (not of Hispanic origin)** *Origins in any of the peoples of Europe, North Africa or Middle East*

☐ **Black (not of Hispanic origin)** *Origins in any of the black racial groups of Africa*

☐ **Hispanic** *Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race*

☐ **Asian or Pacific Islander** *Origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands*

☐ **American Indian or Alaskan Native** *Origins in any of the original peoples of North America*

☐ **Two or More Races (Not Hispanic or Latino)** *All persons who identify with more than one of the above five races.*

_____
Signature Date