

Employment Application

Human Resources Department, City of Morganton, NC
PO Box 3448, Morganton, NC 28680-3448 | 305 E. Union St. Suite A100, Morganton, NC 28655
www.morgantonnc.gov



The City of Morganton is an equal opportunity employer. All applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

APPLICATIONS ARE ACTIVE FOR 30 DAYS ONLY.

APPLICANT INFORMATION

Date: _____ Position for which you are applying: _____

Minimum acceptable salary: _____ Referred by: _____

PERSONAL DATA - All information must be completed for application to be considered.

Name: _____
First Name Middle Initial Last Name

Present Mailing Address _____
Street Address _____
City State Zip Code

Phone Numbers: _____
Home Work Cell

E-Mail Address: _____

Is there any reason that you would not be able to perform the job duties for the position for which you are applying? Yes No

If you answered "Yes," list your reasons here:
If you need more space, please attach sheets.

Are you related by blood or marriage to any person(s) now employed by the City of Morganton? Yes No

If you answered "Yes," give the person's name and relationship:
If you need more space, please attach sheets.

Have you previously worked for the City of Morganton? Yes No

If you answered "Yes," list the dates and position you held:
If you need more space, please attach sheets.

Were you ever in the U.S. Military Service or other military organization? Yes No
 If yes, was your discharge Honorable: Dishonorable: Uncharacterized: General:

EDUCATION

High School, City and State:	No. of Full Year's Work Completed	Degree Awarded:	Major / Field:

University or College, City and State :	No. of Full Year's Work Completed	Degree Awarded:	Major / Field:

List special skills, training, certifications and/or fields of work for which you are licensed, registered or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

If you did not graduate from high school, have you passed the General Education Development (GED) Test? Yes No
 If you answered "Yes," when and where did you complete the GED?

RESIDENCES - List addresses for the past 10 years starting with present address at top:

From: Month and Year	To: Month and Year	Street Address	City, State and Zip Code

EMPLOYMENT HISTORY

Have you ever been discharged or requested to resign from any position? Yes No

If you answered "Yes," please give details:
If you need more space, please attach sheets.

In the course of employment, have you ever been disciplined or demoted? Yes No

If you answered "Yes," please give details:
If you need more space, please attach sheets.

LIST ALL JOBS YOU HAVE HELD.

Put your present or most recent job first. If you need more space, please attach additional sheets. Please fill out completely, including supervisor name and phone number.

Current / last position title:	Employer:
Date employed:	Phone #:
Date separated:	Address:
Salary:	
Supervisor's name and title:	
Duties:	
Reason for leaving:	

If this is your current employer, may we contact them for a reference? Yes No

Previous position title:	Employer:
Date employed:	Phone #:
Date separated:	Address:
Salary:	
Supervisor's name and title:	
Duties:	
Reason for leaving:	

Previous position title:	Employer:
Date employed:	Phone #:
Date separated:	Address:
Salary:	
Supervisor's name and title:	
Duties:	
Reason for leaving:	

Previous position title:	Employer:
Date employed:	Phone #:
Date separated:	Address:
Salary:	
Supervisor's name and title:	
Duties:	
Reason for leaving:	

Previous position title:	Employer:
Date employed:	Phone #:
Date separated:	Address:
Salary:	
Supervisor's name and title:	
Duties:	
Reason for leaving:	

CRIMINAL OFFENSE RECORD AND LICENSE INFORMATION

Have you ever been convicted of a felony? Yes No

If you answered "Yes," please give details:
If you need more space, please attach sheets.

Have you ever been placed on probation? Yes No

If you answered "Yes," please give details:
If you need more space, please attach sheets.

Do you possess a valid driver's license? Yes No

Number: _____ State issued by: _____ Expiration Date: _____

Do you possess a CDL? Yes No

If you answered "Yes," please list endorsements:

Was your license ever suspended or revoked? Yes No

If you answered "Yes," please give details:

Was your license ever restored? Yes No

If you answered "Yes," please give the date:
If you need more space, please attach sheets.

Have your driving privileges ever been restricted? Yes No

If you answered "Yes," please give details:
If you need more space, please attach sheets.

BRIEFLY EXPLAIN YOUR REASONS FOR APPLYING FOR THIS POSITION.

.....

REFERENCES

Please list three people who are familiar with your work experience and qualifications. Please do not list relatives. Do not repeat the names of supervisors listed in the Employment History section of this application.

Name	Address	Relationship	Telephone #
.....
.....
.....

NOTICE TO APPLICANTS

Prior to an offer of employment being extended to an applicant, a thorough background check, including a credit check and/or criminal record check, may be conducted. Credit checks are conducted for positions that handle funds, have access to personal property or certain other positions. Upon a job offer being extended and accepted, all full time candidates are required to participate in a medical screening and drug test prior to employment.

APPLICANT CERTIFICATION

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omission of information will subject me to disqualification or dismissal.

I authorize the City to obtain any information regarding my employment, together with any information regarding me whether or not it is in my records. I hereby release the City from any liability whatsoever for **disclosing** same. I understand a criminal record check, credit check, and related checks will be conducted.

Employment with the City of Morganton is on an "at-will" basis and is for no definite period and may, regardless of the date or method of payment of wages or salary, be terminated at any time with or without cause. Other than the City Manager, no department director, supervisor or other person, irrespective of title or position, has authority to alter the at-will status of any employment or to enter into any employment contract for a definite period of time with anyone. Any agreement altering at-will status must be in writing and signed by the City Manager.

This application is not an offer of employment nor should it lead to an expectation of employment.

.....

Signature in full

.....

Date

Rev. 01/2017

EEO Voluntary Self-Identification



Human Resources Department, City of Morganton, NC

PO Box 3448, Morganton, NC 28680-3448 | 305 E. Union St. Suite A100, Morganton, NC 28655

www.morgantonnc.gov

The City of Morganton is an equal opportunity employer. **Your completion of this form is entirely voluntary. The information provided or the refusal to provide it does not influence our screening or hiring decisions.** Please complete the information below. Your answers will be kept confidential and separate from your application for employment.

Name: _____
First Name Middle Initial Last Name

Date: _____ Position for which you are applying: _____

E-Mail Address: _____

HOW DID YOU HEAR ABOUT THIS JOB?

- Current Employee
- Friend or Relative
- City of Morganton website
- City Social Media Facebook Twitter Other:
- NC Works (ESC) website
- Newspaper (please list)
- Employment Agency (please list)
- Other (please list)

I do not wish to complete the information below.

Sex: Male Female

Race/Ethnicity: American Indian / Alaskan Native Native Hawaiian / Other Pacific Islander
 Asian Two or more races (not Hispanic or Latino)
 Black / African American White / Caucasian
 Hispanic / Latino

Race/Ethnic Definitions available upon request.