



# CITY OF OXFORD

## APPLICATION FOR EMPLOYMENT

P.O. Box 1307 – Oxford, NC 27565

Phone: 919 603-1100 - Fax: 919 603-1107 - Website: [www.oxfordnc.org](http://www.oxfordnc.org)

**Please complete this application in its entirety.**

Incomplete applications will not be accepted. In addition to a completed application, you may also attach a resume reflecting your work history. Please advise Human Resources if you change your address and/or phone number.

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Street – City – State – Zip

Contact Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_ Are you at least 18 years of age? \_\_\_\_\_

Have you been convicted of a crime other than a traffic violation? \_\_\_\_\_ If yes, explain fully on an additional sheet.

Are there any charges pending against you? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

(A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying. Background checks are conducted on all City employees once an offer of employment has been made.)

Are you legally eligible for employment in this country? \_\_\_\_\_ (Proof of U.S. Citizenship or immigration status will be required upon employment)

Date available for work \_\_\_\_\_

Are you available for (check all that apply)  Full-Time employment  Part-time  Temporary

Are you available to work overtime, if required? \_\_\_\_\_ Are you able to be on-call, if required? \_\_\_\_\_

Are you willing to undergo a pre-employment drug screen? \_\_\_\_\_ Are you bondable? \_\_\_\_\_

Do you have a valid Driver's License? \_\_\_\_\_ Number and State \_\_\_\_\_

What special skills and qualifications do you possess which might qualify you for the position for which you are applying?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously been employed by the City of Oxford? \_\_\_\_\_ If yes, give dates \_\_\_\_\_

## WORK HISTORY

Using a separate section for each position, detail all work experiences beginning with your present or most recent job and work back at least seven (7) years. Include periods of unemployment, self-employment, military service, internships, and part-time positions. Please explain all periods of unemployment exceeding 90 days.

**Use the back of this page, or additional sheets, if necessary.**

<b>Employer</b>		<b>Address</b>
<b>Job title</b>	<b>Supervisor's name</b>	<b>Supervisor's Phone numbers- Work, Cell, or Both: Work - Cell -</b>
<b>Start date</b>	<b>Starting salary</b> \$ _____ per _____	<b>Ending salary</b> \$ _____ per _____
<b>End date</b>	<b>Major duties/responsibilities</b>	
<b>Full-time (years/months)</b>		
<b>Part-time (years/months)</b>		
<b>If part-time, number of hours worked per week</b>	<b>Reason for leaving</b>	

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<b>If part-time, number of hours worked per week</b>	<b>Reason for leaving</b>	

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<b>Part-time (years/months)</b>		
<b>If part-time, number of hours worked per week</b>	<b>Reason for leaving</b>	

**EDUCATION**

**Circle highest level of education completed**

8   9   10   11   12   GED                      College   1   2   3   4                      Graduate school   1   2   3   4

School	Location	Grad?	GED or Diploma	Type of Degree
High School		Yes No		
College or University		Yes No		
Graduate or Professional School		Yes No		
Vocational or Technical School		Yes No		

**REFERENCES**

We will contact your former supervisors for references. If you wish to list additional references, please do so below:

Name and occupation	Address	Telephone number

**PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION**

The Civil Rights Act of 1964 prohibits discrimination of employment based on race, color, creed, religion, sex, or natural origin. Federal Law prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The Fair Credit Reporting Act imposes restrictions with respect to credit data.

I certify that all statements made on this application and any supplemental materials submitted with this application are true and correct. I give the City of Oxford the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the City and its representatives for seeking such information and all other persons, corporations, and organizations for furnishing such information. I acknowledge that any false statement or misrepresentation on this application or on supplemental material submitted with this application will be cause for refusal to hire or for immediate dismissal at any time during the period of employment. I understand that if I am a finalist for this position, I will be required to submit proof of U.S. citizenship or the legal right to work in the United States.

The City of Oxford conducts a criminal history check. I hereby consent to the City's use of any information provided during the application process in performing the criminal history check. I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established by the sole discretion of the City of Oxford.

I understand that the City of Oxford has a commitment to maintain an alcohol/drug-free workplace and that the City requires a drug screening test as part of its post-offer hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If, after a second, confirmatory test, it is determined that my specimen contains a controlled substance or that the specimen was altered or substituted, I will be disqualified from consideration for employment. Any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug testing under certain circumstances during my employment.

\_\_\_\_\_  
**Applicant's Signature (Please sign your legal name.)**

\_\_\_\_\_  
**Date**