Equal Opportunity Employer

Position applied for: Date: Name: Phone: Middle Last First Address: Social Street Apt. Security Are you at least 18 years of age? City County Zip How long have you lived at this address? Previous Address: **EDUCATION** Circle highest level completed: 12 3 8 GED Grad School: Schools Name and Location **Dates Attended** Graduate Major Degree High School College or University Graduate or Professional Business or Trade School U.S. Armed Forces? Rank: If yes, Branch: Date from: **QUALIFICATIONS** List any Professional Registrations / Licenses / Certifications (Examples: CPA, EMT, CPR, Licensed Electrician): List any training, classes, or workshops you attended that are related to the position applied for: Typing/Word Processing **WPM** Do you have a driver's license? Operation of Automotive Equipment: Office equipment you can operate: No Trucks/Dump Trucks State **Expiration Date** Yes No License No. Backhoe Yes No Front-end Loader Class A Class C Class B CDL Other Computer systems / software programs: Do you have a vehicle you can use on the job? Yes No PERSONAL INFORMATION Are you a United States citizen? Yes No [The City will hire only United States citizens or If not, are you eligible for employment in the U.S.? No aliens authorized to work in the United States] Yes Are you related by blood, marriage, or adoption to a City employee? No If yes, please provide name and relationship: No Have you ever worked for the City of Mount Holly? If yes, what department/position? Date from: Have you ever pled guilty to or been convicted of a crime other than a minor traffic violation? (Answering yes does not mean you cannot be hired) Yes No If yes, explain: Have you ever used a name other than the one shown on this application? No If yes, explain (include maiden, nicknames, or assumed names):

List below your work history starting with current position and working back in time including any military service, self-employment, or periods of unemployment.

Current or last position	on held		Month	Year
Employer:			From	
Employer's address:			То	
Your job title:			Full Time	Part Time Temp
Specific duties:			Starting Salary	
			Current/Last Salary	
			Supervisor's Name	
Reason for leaving:			Employer's Phone #	
May we contact your cu	urrent employer? Yes No	Comments:		
Position held before	last or current position		Month	Year
Employer:			From	
Employer's address:			То	
Your job title:			Full Time	Part Time Temp
Specific duties:			Starting Salary	
			Last Salary	
			Supervisor's Name	
Reason for leaving:			Employer's Phone #	
Next most recent pos	sition		Month	Year
Employer:			From	
Employer's address:			То	
Your job title:			Full Time	Part Time Temp
Specific duties:			Starting Salary	·
			Last Salary	
			Supervisor's Name	
Reason for leaving:			Employer's Phone #	
Newt meet recent nea	itian		Month	Voor
Next most recent pos Employer:	sition		Month From	Year
Employer's address:			. To	
Your job title:			Full Time	Part Time Temp
Specific duties:			Starting Salary	Tant TimeTomp
opeoine datios.	-		Last Salary	
			Supervisor's Name	
Reason for leaving:			Employer's Phone #	
PERSONAL REFERE	NCES (three people, other than relatives or forme	er employers)		
Name	Address	City / State	Phone #	Years Known
1)				
2)				
3)				
				
•	nts made by me in applying for employment with			
	nformation which would affect my application. It	understand that misrepresenta	tions or omissions may result	in my rejection as an
applicant or grounds to	r dismissal if I am hired.			
Applicant Signature:			Date:	
ALITHODIZATION AN	D CONSENT FOR DELEASE OF DEDSONAL	INFORMATION		
	D CONSENT FOR RELEASE OF PERSONAL ring an authorized agent of the City of Mount Holl		propriate to investigate and year	rify any information I have
	background, past performance, or suitability for e			
-	background, past performance, or suitability for e ployment, including work history, efficiency ratings			
	federal agencies; and motor vehicle records. If	armer consent to belliq discus	aca uy guy u c isuu su cullacit	
to bring any action for a	defamation, invasion of privacy, or any similar cau			=

Applicant Signature:

national origin, age, or disability. ant. Its purpose is to see how well

The information i	nt Holly does not discriminate ba	ased on race, sex, color, creed, religion described will in no way affect you as an applicate of the population.
Date of Birth:	Month Day	Year
Ethnic Group:	(check appropriate box)	
	White Male African-American Male Hispanic Male Asian Male Native American Male Other, specify	or White Female or African-American Female or Hispanic Female or Asian Female or Native American Female
How did you lear	n about this position?	
	Employment Security Con Charlotte Observer ad Gaston Gazette ad Other newspaper/publicat Internet Walk-in / City employment City employee referral, sp Friend Other, specify	tion ad, specify