



# Employment Application

Equal Opportunity Employer

Position applied for: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Last First Middle Phone: ( ) ( )  
Home Work

Address: \_\_\_\_\_

Street Apt. Social Security [ ][ ][ ] ..... [ ][ ][ ] ..... [ ][ ][ ][ ][ ]

City County Zip Are you at least 18 years of age? Yes  No

How long have you lived at this address? \_\_\_\_\_

Previous Address: \_\_\_\_\_

### EDUCATION Circle highest level completed:

1 2 3 4 5 6 7 8 9 10 11 12   GED   College: 1 2 3 4   Grad School: 1 2 3 4												
Schools	Name and Location		Dates Attended		Graduate				Degree		Major	
High School					Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>					
College or University					Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>					
Graduate or Professional					Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>					
Business or Trade School					Yes <input type="checkbox"/>	<input type="checkbox"/>	No <input type="checkbox"/>					

U.S. Armed Forces? Yes  No  If yes, Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Date from: \_\_\_\_\_ to: \_\_\_\_\_

### 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  
Office equipment you can operate: \_\_\_\_\_

Do you have a driver's license?  
Yes  No   
State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
License No. \_\_\_\_\_

Operation of Automotive Equipment:  
Trucks/Dump Trucks Yes  No   
Backhoe Yes  No   
Front-end Loader Yes  No

Computer systems / software programs: \_\_\_\_\_

Class A  Class C   
Class B  CDL

Do you have a vehicle you can use on the job?  
Yes  No

Other \_\_\_\_\_

### PERSONAL INFORMATION

Are you a United States citizen? Yes  No

[The City will hire only United States citizens or aliens authorized to work in the United States]

If not, are you eligible for employment in the U.S.? Yes  No

Are you related by blood, marriage, or adoption to a City employee? Yes  No

If yes, please provide name and relationship: \_\_\_\_\_

Have you ever worked for the City of Mount Holly? Yes  No

If yes, what department/position? \_\_\_\_\_ Date from: \_\_\_\_\_ to: \_\_\_\_\_

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? Yes  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.

<b>Current or last position held</b>		Month	Year
Employer:	_____	From	_____
Employer's address:	_____	To	_____
Your job title:	_____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time <input type="checkbox"/> Temp
Specific duties:	_____	Starting Salary	_____
	_____	Current/Last Salary	_____
	_____	Supervisor's Name	_____
Reason for leaving:	_____	Employer's Phone #	_____
May we contact your current employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:	_____

<b>Position held before last or current position</b>		Month	Year
Employer:	_____	From	_____
Employer's address:	_____	To	_____
Your job title:	_____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time <input type="checkbox"/> Temp
Specific duties:	_____	Starting Salary	_____
	_____	Last Salary	_____
	_____	Supervisor's Name	_____
Reason for leaving:	_____	Employer's Phone #	_____

<b>Next most recent position</b>		Month	Year
Employer:	_____	From	_____
Employer's address:	_____	To	_____
Your job title:	_____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time <input type="checkbox"/> Temp
Specific duties:	_____	Starting Salary	_____
	_____	Last Salary	_____
	_____	Supervisor's Name	_____
Reason for leaving:	_____	Employer's Phone #	_____

<b>Next most recent position</b>		Month	Year
Employer:	_____	From	_____
Employer's address:	_____	To	_____
Your job title:	_____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time <input type="checkbox"/> Temp
Specific duties:	_____	Starting Salary	_____
	_____	Last Salary	_____
	_____	Supervisor's Name	_____
Reason for leaving:	_____	Employer's Phone #	_____

**PERSONAL REFERENCES** (three people, other than relatives or former employers)

Name	Address	City / State	Phone #	Years Known
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____

I certify that all statements made by me in applying for employment with the City of Mount Holly are true and complete to the best of my knowledge and that I have not withheld any information which would affect my application. I understand that misrepresentations or omissions may result in my rejection as an applicant or grounds for dismissal if I am hired.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION AND CONSENT FOR RELEASE OF PERSONAL INFORMATION**

I hereby consent to having an authorized agent of the City of Mount Holly contact anyone it deems appropriate to investigate and verify any information I have given or to discuss my background, past performance, or suitability for employment. I understand that such investigations may include but not necessarily be limited to previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; criminal conviction history information on file in local, state, or federal agencies; and motor vehicle records. I further consent to being discussed by any person so contacted and I waive all rights to bring any action for defamation, invasion of privacy, or any similar cause against anyone contacted as a result of what he/she may say about me.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Equal Opportunity Information

Equal Opportunity Employer

Position applied for: \_\_\_\_\_

Date: \_\_\_\_\_

Name:			Phone: ( ) _____ ( ) _____	
Last	First	Middle	Home	Work
Address:			Social Security	
Street		Apt.	<input type="text"/>	<input type="text"/>
City	County	Zip	Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	

RESEARCH INFORMATION

The City of Mount Holly does not discriminate based on race, sex, color, creed, religion, national origin, age, or disability. The information requested below is voluntary and will in no way affect you as an applicant. Its purpose is to see how well our recruitment efforts are reaching all segments of the population.

Date of Birth:

Month Day Year

Ethnic Group: (check appropriate box)

<input type="checkbox"/> White Male	or	<input type="checkbox"/> White Female
<input type="checkbox"/> African-American Male	or	<input type="checkbox"/> African-American Female
<input type="checkbox"/> Hispanic Male	or	<input type="checkbox"/> Hispanic Female
<input type="checkbox"/> Asian Male	or	<input type="checkbox"/> Asian Female
<input type="checkbox"/> Native American Male	or	<input type="checkbox"/> Native American Female
<input type="checkbox"/> Other, specify _____		

How did you learn about this position?

- Employment Security Commission
- Charlotte Observer ad
- Gaston Gazette ad
- Other newspaper/publication ad, specify \_\_\_\_\_
- Internet
- Walk-in / City employment board
- City employee referral, specify \_\_\_\_\_
- Friend
- Other, specify \_\_\_\_\_