



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:

Schools	Name and Location	Dates Attended	Graduate	Degree	Major
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>		
College or University			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Graduate or Professional Business or Trade School			Yes <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, RMT, OPH, 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: _____

 Computer systems / software programs: _____

Do you have a driver's license?
 Yes No
 State _____ Expiration Date _____
 License No. _____
 Class A Class C
 Class B CDL

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

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

PERSONAL INFORMATION

Are you a United States citizen? Yes No
 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? Yes No
 (Answering yes does not mean you cannot be hired)
 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): _____

Current or last position held	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: _____	

Position held before last or current position	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 # _____	

Next most recent position	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 # _____	

Next most recent position	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 _____