

APPLICATION FOR EMPLOYMENT



Town of Carrboro
Human Resources Department
301 W. Main St.
Carrboro, North Carolina 27510
919-918-7320
townofcarrboro.org

An Equal Opportunity Employer

INSTRUCTIONS: Please read the attached instructions before completing this application. It is important that you complete all sections of this application to the best of your ability. Your application will be used as part of the employment process and should represent your best effort. **Unsigned or incomplete applications will not be considered.** Resumes may not be submitted in lieu of the employment application. Once submitted, application materials become the property of the Town. Applications must be postmarked by midnight of the position closing date to ensure consideration. The **Town does not accept FAXED or EMAILED applications.** All applications must have an original signature and current date. If a position is posted as "open until filled," apply immediately as the position may close without notice.

Current Information

Position Applied for		Date	
When will you be available for employment?	Are you seeking:		
	Full-time permanent <input type="checkbox"/>	Part-time permanent <input type="checkbox"/>	Temporary <input type="checkbox"/> Summer work <input type="checkbox"/>
NAME: Last:	First:	Middle:	
PRESENT ADDRESS: Street & No., RFD, or P.O. Box		City	State Zip
PERMANENT ADDRESS: Street & No., RFD, or P.O. Box		City	State Zip
TELEPHONE: Home	Business	If neither, where can you be reached?	
EMAIL ADDRESS:			
If you are under age 18, can you furnish a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/>			

General Information (Attach additional sheet if needed)

a.	Have you ever been employed with the Town of Carrboro? If yes, what department & when?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b.	Are you legally eligible for employment in the U.S.A.? (Proof of citizenship or immigration status will be required upon employment.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
c.	Apart from absences for religious observations, will you accept employment requiring <u>occasional</u> night work or weekend work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d.	Apart from absences for religious observations, will you accept employment requiring <u>regular</u> night work, weekend work, or rotating shifts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e.	Are you related by blood or marriage to any Town employee? If yes, give name, relationship, and department	Yes <input type="checkbox"/> No <input type="checkbox"/>
f.	If you are applying for a position involving significant driving, please complete the following: License No. State Date of Issue Do you have a Commercial Driver's License (CDL)? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, check which type: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	

Education

Give your complete education history below.				Check highest school year completed:											
				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>
High School Name	City	State													
Have you received a high school diploma or equivalent? Yes <input type="checkbox"/> No <input type="checkbox"/>															
Education Beyond High School	Attended (Month and Year)	Years Completed	Credit Hours	Degree or Diploma	Year Received	Major Subject									
Technical School															
Name:	From:														
Location:	To:														
College or University															
Name:	From:														
Location:	To:														
Graduate or Professional															
Name:	From:														
Location:	To:														
Other															
Name:	From:														
Location:	To:														

Skills, Certifications

Please list any skills, abilities, special certifications, licenses, special training, or courses you have had that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate. If you are seeking consideration for a clerical position, indicate speeds for typing and shorthand.	
(a)	(f)
(b)	(g)
(c)	(h)
(d)	(i)
(e)	(j)

Employment

Record your complete work history in the spaces below. Begin with your current or most recent employer. Attach as many sheets as necessary to account for your full record. Be sure to account for gaps in your employment history. Related volunteer experience should also be listed.		
A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)		
Job title	Starting Salary	Last Salary
Name and title of supervisor	No. employees supervised by you	
Employer or company	Telephone #	
Date employed	Address	
Date separated	Duties	
Full-time for: Years	Months	
Part-time for: Years	Months	, If part-time, number of hours worked per week
Reason for leaving:		
If you are currently employed, may we inquire of this employer about your qualifications and character? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employment (continued)

B. NEXT EMPLOYMENT (or explain gap in employment)

Job title	Starting Salary	Last Salary
Name and title of supervisor	No. employees supervised by you	
Employer or company	Telephone #	
Date employed	Address	
Date separated	Duties	
Full-time for: Years	Months	
Part-time for: Years	Months	, If part-time, number of hours worked per week
Reason for leaving:		

C. NEXT EMPLOYMENT (or explain gap in employment)

Job title	Starting Salary	Last Salary
Name and title of supervisor	No. employees supervised by you	
Employer or company	Telephone #	
Date employed	Address	
Date separated	Duties	
Full-time for: Years	Months	
Part-time for: Years	Months	, If part-time, number of hours worked per week
Reason for leaving:		

D. NEXT EMPLOYMENT (or explain gap in employment)

Job title	Starting Salary	Last Salary
Name and title of supervisor	No. employees supervised by you	
Employer or company	Telephone #	
Date employed	Address	
Date separated	Duties	
Full-time for: Years	Months	
Part-time for: Years	Months	, If part-time, number of hours worked per week
Reason for leaving:		

Employment (continued)

E. NEXT EMPLOYMENT (or explain gap in employment)

Job title	Starting Salary	Last Salary
Name and title of supervisor	No. employees supervised by you	
Employer or company	Telephone #	
Date employed	Address	
Date separated	Duties	
Full-time for: Years	Months	
Part-time for: Years	Months	, If part-time, number of hours worked per week
Reason for leaving:		

(If needed, additional employment information may be filled in on extra pages found below)

References

Please do not list relatives. We recommend listing persons such as co-workers, teachers, etc., who have knowledge of your qualifications for the position for which you are applying. Do not repeat names of supervisors listed with your employment record unless they can no longer be contacted at those addresses. Include complete addresses. If we may contact by telephone, please list the appropriate number.

(a) Name	Address	Telephone #
(b) Name	Address	Telephone #
(c) Name	Address	Telephone #

Certification and Release (MUST BE SIGNED AND DATED BELOW)

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town of Carrboro. I also authorize associations, registration and licensing boards and others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the Town receives from an employer or educational institution under a promise of confidentiality.
- I also permit the Town of Carrboro to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background.
- I understand that if I apply or have applied for certain jobs, I may be tested for the use of illegal substances. I consent to the testing and understand that the results could preclude my employment.

Signature _____ **Date** _____

THANK YOU FOR APPLYING WITH THE TOWN OF CARRBORO

Applicant Information Form

The Town of Carrboro is an equal opportunity employer. This information is needed in order to comply with reporting requirements of the Equal Employment Opportunity Commission. This information is confidential. It will be separated from your employment application and will not be used in the selection process.

Name:

Date:

Date of Birth:

Social Security Number:

Sex: ☐ Male ☐ Female

Title of position for which you are applying:

Department:

Referral Source:

☐ Newspaper, Please specify:

☐ Personal Referral

☐ Professional Magazine or Newsletter, Please specify:

☐ Employment Security Commission

☐ Internet, Please specify site:

☐ Other, Please specify:

☐ Employment Opportunities List

Ethnic Background

☐ *White* (not Hispanic): Origins in Europe, North Africa, or the Middle East.

☐ *Black* (not Hispanic): Origins in any of the black or African-America racial groups.

☐ *Native American or Alaskan Native*: Origins in the original peoples of North America.

☐ *Asian or Pacific Islanders*: Origins in the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.

☐ *Hispanic*: Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origins, regardless of race.

Citizenship

☐ *Resident Foreign National*

An alien who has not been admitted for permanent residence (must have Alien Registration Receipt Card, Form I-551).

☐ *Non-Resident Foreign National*

An alien admitted temporarily for specific purposes and periods of time.

☐ *U.S. Citizen*

Selective Service Registration

If **male** and age 18 – 26, have you registered for Selective Service?

☐ Yes ☐ No

If not, you will have 30 days to comply if selected for a position as required by federal law.

TOWN OF CARRBORO

301 W. MAIN STREET
CARRBORO, NC 27510
Telephone (919) 918-7320

APPLICATION INSTRUCTIONS

Thank you for your interest in employment with the Town of Carrboro. Before completing your application, please read and follow these instructions:

1. The town accepts employment applications only for positions that we are actively recruiting. If you are interested in a position that is not on the Employment Opportunities List, do not complete an employment application.
2. Be sure to indicate on the application the specific position for which you are applying. If you want to apply for more than one position, you must submit a separate application for each position.
3. A resume may not be submitted in lieu of the employment application. A resume may be attached as a supplement; however, all sections of the employment application must be completed.
4. All applicants are required to complete the Applicant Information Form. This form seeks data, which the federal government requires of the town. The form specifies that the information obtained will be kept separate from the employment application and will not be used in any way during the selection process. The form is detached from the application prior to screening.
5. Applications will not be accepted for consideration if they are not completed, signed, and dated, or if the application is submitted after the closing date. An application that is returned by mail must be postmarked by midnight on the date that the position closes.
6. After the application closing date, applications will be reviewed and selected applicants will be contacted for an interview.
7. Applications, resumes, transcripts, letters of reference and other information submitted will become the property of the town and will not be returned.

Please call the Human Resources Department at (919) 918-7320 if you have further questions.

It is the policy of the Town of Carrboro to foster, maintain and promote equal employment opportunity. The Town shall select employees on the basis of the applicant's qualifications for the job and award them, with respect to compensation and opportunity for training and advancement, including upgrading and promotion, without regard to age, race, color, religion, sex, national origin, political affiliation, non-disqualifying disability, sexual orientation, marital status, gender identity, or gender expression.

Employment (additional)

F. NEXT EMPLOYMENT (or explain gap in employment)

Job title	Starting Salary	Last Salary
Name and title of supervisor	No. employees supervised by you	
Employer or company	Telephone #	
Date employed	Address	
Date separated	Duties	
Full-time for: Years	Months	
Part-time for: Years	Months	, If part-time, number of hours worked per week
Reason for leaving:		

G. NEXT EMPLOYMENT (or explain gap in employment)

Job title	Starting Salary	Last Salary
Name and title of supervisor	No. employees supervised by you	
Employer or company	Telephone #	
Date employed	Address	
Date separated	Duties	
Full-time for: Years	Months	
Part-time for: Years	Months	, If part-time, number of hours worked per week
Reason for leaving:		

H. NEXT EMPLOYMENT (or explain gap in employment)

Job title	Starting Salary	Last Salary
Name and title of supervisor	No. employees supervised by you	
Employer or company	Telephone #	
Date employed	Address	
Date separated	Duties	
Full-time for: Years	Months	
Part-time for: Years	Months	, If part-time, number of hours worked per week
Reason for leaving:		

Employment (additional)

I. NEXT EMPLOYMENT (or explain gap in employment)

Job title	Starting Salary	Last Salary
Name and title of supervisor	No. employees supervised by you	
Employer or company	Telephone #	
Date employed	Address	
Date separated	Duties	
Full-time for: Years	Months	
Part-time for: Years	Months	, If part-time, number of hours worked per week
Reason for leaving:		

J. NEXT EMPLOYMENT (or explain gap in employment)

Job title	Starting Salary	Last Salary
Name and title of supervisor	No. employees supervised by you	
Employer or company	Telephone #	
Date employed	Address	
Date separated	Duties	
Full-time for: Years	Months	
Part-time for: Years	Months	, If part-time, number of hours worked per week
Reason for leaving:		

K. NEXT EMPLOYMENT (or explain gap in employment)

Job title	Starting Salary	Last Salary
Name and title of supervisor	No. employees supervised by you	
Employer or company	Telephone #	
Date employed	Address	
Date separated	Duties	
Full-time for: Years	Months	
Part-time for: Years	Months	, If part-time, number of hours worked per week
Reason for leaving:		