City of Conover

APPLICATION FOR EMPLOYMENT
PERSONNEL DEPARTMENT

MAILING ADDRESS: POST OFFICE BOX 549, CONOVER, NORTH CAROLINA 28613
LOCATION: 101 FIRST STREET EAST, CONOVER, NORTH CAROLINA 28613

QUALIFIED APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS OR THE PRESENCE OF A NON-RELATED MEDICAL CONDITION OR HANDICAP.

ANSWER ALL QUESTIONS - PLEASE PRINT CLEARLY OR TYPE

POSITION APPLIED FOR: _____ DEPARTMENT: _____

FULL-TIME ☐ PART-TIME ☐

DATE: _____

NAME: _____ SS # __ __ __ __ __ __ __ __ __
(Last) (First) (Middle) (Maiden, if applicable)

PRESENT MAILING ADDRESS: _____
(Street & Number or P.O. Box)

_____
(City) (State) (Zip Code)

PERMANENT MAILING ADDRESS: _____
(Street & Number or P.O. Box)

_____
(City) (State) (Zip Code)

TELEPHONE: _____
(area code if other than 828) (Home) (Business) (Other - Indicate whose number)

PLEASE BE SURE THAT YOU COMPLETE ALL SECTIONS OF THIS APPLICATION COMPLETELY AND ACCURATELY TO THE BEST OF YOUR ABILITY. YOUR APPLICATION WILL BE USED AS A PART OF THE EXAMINATION PROCESS AND THEREFORE SHOULD REPRESENT YOUR BEST EFFORT. FOR SOME POSITIONS, YOU MAY BE ASKED TO COMPLETE A SUPPLEMENTAL APPLICATION.

THE CITY OF CONOVER IS
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.

EDUCATION (GIVE COMPLETE EDUCATIONAL HISTORY BELOW)

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Schools	Name and Location	Dates Attended	Graduate?	S/Q Hours	Major/Minor Course Work	Type Degree
High School		From: To:	☐YES ☐NO			
College University		From: To:	☐YES ☐NO			
Graduate or Professional		From: To:	☐YES ☐NO			
Other educational vocational school, internships, etc.			☐YES ☐NO			

SKILLS

Check the following skills, experience, etc. which you have:

- ☐ Sign language
- ☐ Braille skills
- ☐ Typing (specify wpm) _____
- ☐ Valid driver's license
  If yes, Number _____ State _____ Class _____
- ☐ Reliable transportation to work
- ☐ Adding machine/calculator
- ☐ Shorthand/speedwriting (specify wpm) _____
- ☐ Other
  _____

If the position you are applying for requires specific courses, skills, registration, licenses or certification, please list below with dates, issuance and source of issuance. _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (Note: a conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relationship to the job for which you are applying). ☐YES ☐NO If yes, please explain: _____

EMPLOYMENT DATA

In the space below, give your employment history beginning with your present or most recent employer and list all positions held, including military, part-time, seasonal, summer and significant volunteer work. Details on any period of unemployment must be included.

Current or Last Employer:			Address:	
Job Title:			Supervisor's Name:	No. Supervised by You:
Date Employed (mo/yr)	Starting Salary $ per	Ending Salary $ per	Reason for Leaving	May We Contact Employer? ☐YES ☐NO
Date Separated (mo/yr)	Duties:			
Full Time	Years	Months		
Part Time	Years	Months		
If Part Time, number of hours worked per week:				

Employer:			Address:	
Job Title:			Supervisor's Name:	No. Supervised by You:
Date Employed (mo/yr)	Starting Salary $ per	Ending Salary $ per	Reason for Leaving	May We Contact Employer? ☐YES ☐NO
Date Separated (mo/yr)	Duties:			
Full Time Years Months				
Part Time Years Months				
If Part Time, number of hours worked per week:				

Employer:			Address:	
Job Title:			Supervisor's Name:	No. Supervised by You:
Date Employed (mo/yr)	Starting Salary $ per	Ending Salary $ per	Reason for Leaving	May We Contact Employer? ☐YES ☐NO
Date Separated (mo/yr)	Duties:			
Full Time Years Months				
Part Time Years Months				
If Part Time, number of hours worked per week:				

Employer:			Address:	
Job Title:			Supervisor's Name:	No. Supervised by You:
Date Employed (mo/yr)	Starting Salary $ per	Ending Salary $ per	Reason for Leaving	May We Contact Employer? ☐YES ☐NO
Date Separated (mo/yr)	Duties:			
Full Time Years Months				
Part Time Years Months				
If Part Time, number of hours worked per week:				

Employer:			Address:	
Job Title:			Supervisor's Name:	No. Supervised by You:
Date Employed (mo/yr)	Starting Salary $ per	Ending Salary $ per	Reason for Leaving	May We Contact Employer? ☐YES ☐NO
Date Separated (mo/yr)	Duties:			
Full Time Years Months				
Part Time Years Months				
If Part Time, number of hours worked per week:				

IF ADDITIONAL SPACE IS NEEDED, PLEASE ASK FOR A CONTINUATION SHEET, OR USE A SHEET OF PAPER. ALL CONTINUATION SHEETS AND ADDITIONAL SHEETS OF PAPER CONTAINING EMPLOYMENT HISTORY MUST BE SIGNED AND DATED BY THE APPLICANT.

PERSONAL DATA

Are you a citizen of the United States? ☐ YES ☐ NO
If no, give the country of which you are a citizen and your alien registration number.

_____
_____
_____
_____

Do you have any relatives currently employed by the City of Conover? ☐ YES ☐ NO
If so, who, in what position and in what department are they employed? What is the relationship?

_____
_____
_____
_____

Please indicate by checking the appropriate box below how you found out about this vacant position:

- ☐ City's Job Opportunities List
- ☐ City Employee
- ☐ Radio
- ☐ Employment Security Commission
- ☐ Television
- ☐ Friend
- ☐ Newspaper (specify which paper)

_____

- ☐ Other (specify)

_____

REFERENCE DATA

Please list three persons who are not related to you and who have a definite knowledge of your work. Do not repeat the names of supervisors listed in the Employment Data Section of this application.

Name: _____

_____
Business or Home Address (Street)

_____
City State Zip Code

_____
Home Phone Business Phone

Name: _____

_____
Business or Home Address (Street)

_____
City State Zip Code

_____
Home Phone Business Phone

Name: _____

_____
Business or Home Address (Street)

_____
City State Zip Code

_____
Home Phone Business Phone

DECLARATION OF APPLICANT

I CERTIFY THAT ALL OF THE STATEMENTS IN THIS APPLICATION AND ANY ATTACHED DOCUMENTS ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS MADE IN THIS APPLICATION AND RELEASE OF ANY PERTINENT INFORMATION TO CITY OF CONOVER HIRING OFFICIALS. I UNDERSTAND THAT FALSE INFORMATION MAY BE GROUNDS FOR REJECTION OF MY APPLICATION AND/OR DISMISSAL IF I AM EMPLOYED.

_____ _____
Signature of Applicant (unsigned applications will not be processed) Date

BEFORE SUBMITTING THIS APPLICATION, PLEASE CHECK TO SEE THAT YOU HAVE:

1. LISTED YOUR SOCIAL SECURITY NUMBER CORRECTLY.
2. LISTED YOUR ZIP CODE CORRECTLY.
3. COMPLETED THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
4. GIVEN COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY.
5. SIGNED AND DATED YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN THE CITY OF CONOVER. THE CITY OF CONOVER WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

City of Conover

APPLICANT IDENTIFICATION SHEET

EQUAL OPPORTUNITY INFORMATION

The City of Conover prohibits discrimination based on race, sex, color, creed, national origin, age or handicap. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are in reaching all segments of the population.

NAME: _____
(Last) (First) (M.I.)

SOCIAL SECURITY #

DATE OF BIRTH
(mo) (day) (year)

SEX 1 ☐ (male) 2 ☐ (female)

ETHNIC GROUP
1 ☐ White (Caucasian, non-Hispanic)
2 ☐ African American (non-Hispanic)
3 ☐ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4 ☐ Asian (including Pacific Islander)
5 ☐ American Indian (including Alaskan native)

ARE YOU A VETERAN?
☐ YES ☐ NO
If yes, please give dates of service:
From:_____ To:_____
Do you have a service related disability?
☐ YES ☐ NO
If yes, please specify: _____
_____

HANDICAP: (a handicap is any impairment which substantially limits a major life function.) This information is optional. Failure to provide this information will not subject you to any adverse treatment. It will be maintained separately and confidentially).

Please check:
- ☐ Visual impairments/blindness
- ☐ Hearing impairment/deafness
- ☐ Cardiovascular disorder
- ☐ Emotional/mental disorder
- ☐ Nervous system/neurological disorder (epilepsy)
- ☐ Speech impairment
- ☐ Respiratory impairment
- ☐ Loss or impairment of upper and/or lower limbs
- ☐ Disabling diseases (arthritis, diabetes, etc.)
- ☐ Alcoholism
- ☐ Other (explain) _____

If you have indicated that you have one or more of the above mentioned handicaps, please indicate what type of accommodation/device you would need to assist you in the performance of the duties of the position for which you have applied:
_____

Please indicate where such accommodations/devices may be obtained:
_____

POSITION APPLIED FOR: _____ DATE:_____

WHERE DID YOU LEARN OF THIS JOB OPENING? _____