



APPLICATION FOR EMPLOYMENT
City of Rocky Mount, NC

AN EQUAL OPPORTUNITY EMPLOYER

To Applicants: We appreciate your interest in our organization and assure you that we will carefully consider your qualifications. Please complete the application form thoroughly and accurately.

* If you have a disability, and you need special assistance in order to complete the application process (including written examinations, oral interviews, filling out application forms, etc.) please see the receptionist.

PERSONAL

1. Position applied for _____ Date of Application _____

2. Name _____
(Last First Middle)

3. Mailing Address _____
Street & No. or RFD City County State Zip Code

4. Do you reside in the Rocky Mount City Limits YES [] NO []

5. Telephone: Home _____ If none, where can you be reached by phone? _____
Business _____ Resident's Name _____

6. Are you: Under 18 [] Over 18 []

7. Do you want to work Full-Time [] or Part-Time? [] Specify days and hours if part-time _____
Are you willing and able to work rotating shifts? _____

8. How did you learn of this opening? _____

9. Have you worked for the City before? _____ If yes, when and what position did you hold? _____

10. List any relatives working for the City _____

11. If hired, on what date will you be ready to start work? _____

12. Have you ever been convicted of a crime, including misdemeanors and summary offenses? No [] Yes []

Please list offense(s) and date(s) of conviction(s) _____

Note: You may omit any other offense committed before your 16th birthday which was finally heard in a juvenile court or under a youth offender law.

13. Do you have a valid driver's license? _____ Driver's License Number & Type/State _____

List all traffic convictions, location & date of all traffic convictions _____

14. Clerical Skills: Typing _____ Shorthand: _____ Other: _____

15. Are there any other experiences, skills, or qualifications which you feel would be important to include?

MILITARY HISTORY

Have you ever served in the armed forces? YES NO If yes, what branch? _____

Dates of duty: From _____ To _____ Any current reserves or military obligation? _____

FOR MALES AGE 18 THROUGH 25 ONLY

Males who are 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Service Act. State law prohibits local government from employing anyone who has not complied with this requirement.

Please indicate if you have registered for Selective Service: _____ YES _____ NO

EDUCATIONAL BACKGROUND

TYPE OF SCHOOL	NAME & ADDRESS	HOW MANY YEARS ATTENDED?	DATE GRADUATED	COURSE OR MAJOR
Grammar or Grade				
High School				
College				
Post Graduate				
Business or Trade				
Technical				
Other				

If you did not graduate from High School, did you obtain your GED equivalency? YES NO

WORK HISTORY

List the jobs that you have held, beginning with your last or present employer. Include part-time jobs, military service, and/or periods of unemployment in the proper sequence. Failure to give complete information may result in rejection of your application. If more space is needed, use a continuation sheet.

A.

Dates	Name & Address of Employer	Rate of Pay		Supervisor's Name & Phone Number	Reason for Leaving
		From	To		
Number Hrs./ Week					
Job Title	Describe briefly the work you did:				

B.

Dates	Name & Address of Employer	Rate of Pay		Supervisor's Name & Phone Number	Reason for Leaving
		From	To		
Number Hrs./ Week					
Job Title	Describe briefly the work you did:				

C.	Dates		Name & Address of Employer	Rate of Pay		Supervisor's Name & Phone Number	Reason for Leaving
	From	To		Start	Finish		
	Number Hrs./ Week						
	Job Title		Describe briefly the work you did:				

D.	Dates		Name & Address of Employer	Rate of Pay		Supervisor's Name & Phone Number	Reason for Leaving
	From	To		Start	Finish		
	Number Hrs./ Week						
	Job Title		Describe briefly the work you did:				

May we contact the employers listed above? _____ If not, indicate below which ones you do not wish us to contact.

PERSONAL REFERENCES

List three (3) persons who are not related to you who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors in WORK HISTORY.

Name & Occupation	Address	Phone Number

DECLARATION OF APPLICANT:

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission, or falsification, my application may be rejected, or if already employed, my employment may be terminated.

 APPLICANT'S SIGNATURE

 DATE

NOTICE TO APPLICANTS

It is the policy of the City of Rocky Mount not to discriminate on the basis of race, sex, national origin, disability, age, creed, color, or religion in any employment decision.

RETURN APPLICATION TO:

Human Resources Department
City of Rocky Mount
P.O. Drawer 1180
Rocky Mount, NC 27802-1180

Telephone: (252) 972-1186
Fax: (252) 972-1197
Email: jobs@rockymountnc.gov
<http://www.rockymountnc.gov>

NOTICE TO APPLICANTS

It is the policy of the City of Rocky Mount to ensure that its employees are free from the effects of alcohol and drugs. All applicants selected for employment must satisfactorily pass a medical examination which includes a drug screening test. Those applicants with a confirmed positive test for drugs/alcohol will not be hired.

Mission

The mission of the City of Rocky Mount is to provide courteous and responsive public service of the highest quality and value for the benefit and enjoyment of our community and its citizens.

In accordance with the Americans with Disabilities Act, the City of Rocky Mount will consider reasonable accommodations if requested.



PRE-EMPLOYMENT INFORMATION FORM

Please answer the following questions to help us comply with Federal/State equal employment opportunity recordkeeping, reporting, and other legal requirements.

This information will not be used in considering you for employment and the Pre-Employment Information Form will be kept in a confidential file separate from your Application for Employment.

1. Name: _____

2. Birthdate: _____ / _____ / _____ 3. S.S.# _____

4. Race/Ethnic Group: _____ White _____ African American
 _____ Hispanic _____ American Indian
 _____ Other _____

5. Sex: _____ Male _____ Female

6. Marital Status: _____ Single _____ Married
 _____ Divorced _____ Widowed

NOTICE TO APPLICANTS

OVERTIME POLICY AND AGREEMENT FOR NON EXEMPT POSITIONS

Consistent with the provisions contained in the 1985 amendments to the FAIR LABOR STANDARDS ACT, it is the City's policy to compensate non-exempt employees for overtime work with compensatory time off, when possible, in lieu of overtime pay.

If I am employed in a non-exempt position, I agree to accept, at the discretion of the City, either compensatory time off or overtime pay, as appropriate compensation for overtime work that I may be required to perform as an employee of the City of Rocky Mount.

Applicant Signature: _____ Date: _____

DRUGS/ALCOHOL POLICY

It is the policy of the City of Rocky Mount to ensure that its employees are free from the effects of alcohol and drugs. All applicants selected for employment must satisfactorily pass a medical examination which includes a drug screening test. Those applicants with a confirmed positive test for drugs/alcohol will not be hired.