

TOWN OF SYLVA
EMPLOYMENT APPLICATION
An Equal Opportunity/Affirmative Action Employer

Applications may be mailed or hand delivered to 83 Allen Street, Sylva, NC 28779-2642. Web: townofsylva.org

Fill out all sections COMPLETELY and to the best of your ability. Your application will be used as part of the examination process and therefore, should represent your best effort. Unsigned, or incomplete applications will not be considered. Once submitted, application materials become the property of the Town. An application must be received in Town Hall by 5 pm on the closing date to ensure consideration. The Town does not accept FAXED applications. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," APPLY IMMEDIATELY.

CURRENT INFORMATION

POSITION TITLE _____ DATE _____

When will you be available for employment? (i.e. immediately, 2 weeks notice) _____

Are you seeking Full-time regular Part-time regular Temp./prefer regular Temporary Only

NAME: _____

(Last) _____ (First) _____ (Middle) _____

ADDRESS: _____

HOME TEL # _____ BUS. TELEPHONE # _____ CELL # _____

E-MAIL ADDRESS _____ (if applicable)

Are you 18 or older? Yes No If NO, what is your birth date? _____

GENERAL INFORMATION

If you need to explain any answer, use the space under EXPLANATIONS near the end of this application.

Apart from absences for religious observances, check conditions that you are willing to accept.

Occasional:	<input type="checkbox"/> night work	<input type="checkbox"/> weekend work	<input type="checkbox"/> overtime	<input type="checkbox"/> rotating shifts	<input type="checkbox"/> "on-call"
Regular:	<input type="checkbox"/> night work	<input type="checkbox"/> weekend work	<input type="checkbox"/> overtime	<input type="checkbox"/> rotating shifts	<input type="checkbox"/> "on-call"
Frequent:	<input type="checkbox"/> night work	<input type="checkbox"/> weekend work	<input type="checkbox"/> overtime	<input type="checkbox"/> rotating shifts	<input type="checkbox"/> "on-call"

Have you ever been employed with the Town of Sylva? Yes No
If YES, what department and when: _____

Have you applied to the Town of Sylva before? Yes No
If YES, indicate what position and when: _____

Are you willing to accept a salary within the advertised normal starting salary range? Yes No

Are you now or were you previously related in any way to a Town employee? Yes No
If YES, give name, relationship and department: _____

Are you able to perform all of the duties of the job you have applied for? Yes No

Are you an American citizen or do you currently have authorization to work in the U.S.? Yes No

Did you receive any of your education or employment experience under another name? Yes No
If YES, please explain under EXPLANATIONS.

EDUCATION

Provide your complete history

Indicate highest school year completed: (i.e. 8, 12, 16) _____.

Name of High School _____ City _____ State _____

Have you received a high school diploma or equivalent? Yes No

Education Beyond High School	Name and Location	Attended From				Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
		Mo.	Yr.	Mo.	Yr.				
College(s) University(ies)						Yes / No			
Graduate or Professional Schools						Yes / No			
Technical, Institutes, Internship, Other						Yes / No			

KNOWLEDGE. SKILLS & ABILITIES

Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. If you wish consideration for a secretarial/clerical position, indicate typing speed and word processing software packages known and/or used.

REGISTRATIONS, LICENSES, CERTIFICATIONS

List fields of work for which you have been registered, licensed, or certified:

Registration: _____ State: _____ No: _____ Exp. Date _____

Registration: _____ State: _____ No: _____ Exp. Date _____

Other: _____

Please list your VALID DRIVER'S LICENSE NUMBER and the state in which it was issued. If you do not have a driver's license, please put "NONE" in the blank- **Number:** _____ **State:** _____

Is your driver's license a Commercial Driver's License? [] Yes [] No
If YES, indicate the class _____

EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable). "See attached resume" is NOT acceptable in the duties space.

A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title: _____

Starting Salary \$ _____

Ending Salary \$ _____

Date employed _____ Date Separated _____

Employer _____

Employer Address _____

Employer Phone _____

Name and Title of most recent supervisor _____

Full-time: _____ Yrs _____ Mos Part-time: _____ Yrs _____ Mos _____ # hours per week _____

of employees supervised by you _____

DUTIES IN ORDER OF IMPORTANCE:

REASON FOR LEAVING:

B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title: _____
Salary \$ _____ Date employed _____ Date Separated _____
Employer _____
Employer Address _____
Employer Phone _____
Name and Title of most recent supervisor _____
Full-time: _____ Yrs _____ Mos Part-time: _____ Yrs _____ Mos _____ # hours per week _____
of employees supervised by you _____

DUTIES IN ORDER OF IMPORTANCE:

REASON FOR LEAVING:

C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title: _____
Salary \$ _____ Date employed _____ Date Separated _____
Employer _____
Employer Address _____
Employer Phone _____
Name and Title of most recent supervisor _____
Full-time: _____ Yrs _____ Mos Part-time: _____ Yrs _____ Mos _____ # hours per week _____
of employees supervised by you _____

DUTIES IN ORDER OF IMPORTANCE:

REASON FOR LEAVING:

D. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title: _____
Salary \$ _____ Date employed _____ Date Separated _____
Employer _____
Employer Address _____
Employer Phone _____
Name and Title of most recent supervisor _____
Full-time: _____ Yrs _____ Mos Part-time: _____ Yrs _____ Mos _____ # hours per week _____
of employees supervised by you _____

DUTIES IN ORDER OF IMPORTANCE:

REASON FOR LEAVING:

Have you had disciplinary action taken against you in the past 12 months? [] Yes [] No
If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)

Have you ever been dismissed or forced to resign from any job held? [] Yes [] No
Were you dismissed or forced to resign for disciplinary reasons? [] Yes [] No
If YES to any above, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)

May we contact your present employer for reference prior to an interview (if granted)? [] Yes [] No
If you are not currently employed, please check here N/A (___). If NO, explain under EXPLANATIONS.

EXPLANATIONS

ITEM # _____
ITEM # _____
ITEM # _____
ITEM # _____

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 also authorize institutions which I attended to reveal my scholastic ratings, as well as degrees or certifications earned, to the Town of Sylva; and associations, registration and licensing boards and to 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 Sylva to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background where related to the job for which I am applying.
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by the Town of Sylva, then I serve "at will". This means that I may be terminate at any time. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the Town Manager.

SIGNATURE _____ **DATE** _____