

# TOWN OF WILKESBORO

## EMPLOYMENT APPLICATION

*An Equal Opportunity/Affirmative Action Employer*

Applications may be mailed to PO Box 1056 or hand delivered to: 203 West Main Street, Wilkesboro, NC 28697-1056.  
<https://wilkesboronc.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 posted 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

1) POSITION TITLE:				DATE:	
2) When will you be available for employment? <small>(i.e. immediately, 2 weeks notice)</small>				DATE:	
3) Are you seeking:	<input type="checkbox"/> Full-time regular	<input type="checkbox"/> Part-time regular	<input type="checkbox"/> Temp./prefer regular	<input type="checkbox"/> Temporary Only	
4) NAME:					
	Last		First		Middle
5) ADDRESS:					
	Street & No. or P.O. Box		City	State	Zip
6) HOME TELEPHONE:			BUSINESS TELEPHONE:		
E-MAIL ADDRESS:					
7) Are you 18 or older?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

8) Apart from absences for religious observances, check conditions that you are willing to accept.					
<b>Occasional:</b>	<input type="checkbox"/> night work	<input type="checkbox"/> weekend work	<input type="checkbox"/> overtime	<input type="checkbox"/> rotating shifts	<input type="checkbox"/> "on-call"
<b>Regular:</b>	<input type="checkbox"/> night work	<input type="checkbox"/> weekend work	<input type="checkbox"/> overtime	<input type="checkbox"/> rotating shifts	<input type="checkbox"/> "on-call"
<b>Frequent</b>	<input type="checkbox"/> night work	<input type="checkbox"/> weekend work	<input type="checkbox"/> overtime	<input type="checkbox"/> rotating shifts	<input type="checkbox"/> "on-call"
9) Have you ever been employed with the Town of Wilkesboro?			<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what department and when:		
10) Have you applied to the Town of Wilkesboro before?			<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what department and when:		
11) Are you willing to accept a salary within the advertised normal starting salary range?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
12) Are you now or were you previously related in any way to a Town employee?			<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, give name, relationship and department		
13) Are you able to perform all of the duties of the job you have applied for?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
14) Have you ever been convicted of a felony? If YES, please explain under EXPLANATIONS. <i>NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, length of time since the offense, and nature of the crime will be taken into consideration.</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
15) Are you an American citizen or do you currently have authorization to work in the U.S.?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
16) Did you receive any of your education or employment experience under another name? If YES, please explain under EXPLANATIONS.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

## **EDUCATION**

Provide your complete history

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.				
17) High School						<input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, <input type="checkbox"/> Diploma or <input type="checkbox"/> GED or equivalent  If NO, highest year completed (i.e. 8, 10) _____	
18) Colleges / Universities						<input type="checkbox"/> Yes <input type="checkbox"/> No			
19) Graduate or Professional Schools						<input type="checkbox"/> Yes <input type="checkbox"/> No			
20) Technical Institutes, Internship, Other						<input type="checkbox"/> Yes <input type="checkbox"/> No			

## **KNOWLEDGE, SKILLS & ABILITIES**

21) 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.

(a)	(e)
(b)	(f)
(c)	(g)
(d)	(h)

## **REGISTRATIONS, LICENSES, CERTIFICATIONS**

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

Registration #	State:	No:	Exp Date:
Registration #	State:	No:	Exp Date:
Other:			

23) Please list your <b>VALID DRIVER'S LICENSE NUMBER</b> and the state in which it was issued. If you do not have a driver's license, please put " <b>NONE</b> " in the blank		Number:	State:
24) Is your driver's license a Commercial Driver's License?		<input type="checkbox"/> Yes <input type="checkbox"/> 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: \$        per	Last Salary: \$        per
DATE EMPLOYED:		DATE SEPARATED:	
EMPLOYER OR COMPANY:			
EMPLOYER OR COMPANY ADDRESS:			
NAME & TITLE OF MOST CURRENT SUPERVISOR: Name                      Title:			
FULL TIME: YRS        MO		PART-TIME: YRS        MO IF PART-TIME, NO OF HOURS WORKED PER WEEK:	
# OF EMPLOYEE SUPERVISED BY YOU:			
DUTIES IN ORDER OF IMPORTANCE:			
REASON FOR LEAVING OR DESIRING A CHANGE:			

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

JOB TITLE:		Starting Salary: \$        per	Last Salary: \$        per
DATE EMPLOYED:		DATE SEPARATED:	
EMPLOYER OR COMPANY:			
EMPLOYER OR COMPANY ADDRESS:			
NAME & TITLE OF MOST CURRENT SUPERVISOR: Name                      Title:			
FULL TIME: YRS        MO		PART-TIME: YRS        MO IF PART-TIME, NO OF HOURS WORKED PER WEEK:	
# OF EMPLOYEE SUPERVISED BY YOU:			
DUTIES IN ORDER OF IMPORTANCE:			
REASON FOR LEAVING OR DESIRING A CHANGE:			

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

JOB TITLE:	Starting Salary: \$          per	Last Salary: \$          per
DATE EMPLOYED:	DATE SEPARATED:	
EMPLOYER OR COMPANY:		
EMPLOYER OR COMPANY ADDRESS:		
NAME & TITLE OF MOST CURRENT SUPERVISOR: Name          Title:		
FULL TIME: YRS          MO	PART-TIME: YRS          MO IF PART-TIME, NO OF HOURS WORKED PER WEEK:	
# OF EMPLOYEE SUPERVISED BY YOU:		
DUTIES IN ORDER OF IMPORTANCE:		
REASON FOR LEAVING OR DESIRING A CHANGE:		

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

JOB TITLE:	Starting Salary: \$          per	Last Salary: \$          per
DATE EMPLOYED:	DATE SEPARATED:	
EMPLOYER OR COMPANY:		
EMPLOYER OR COMPANY ADDRESS:		
NAME & TITLE OF MOST CURRENT SUPERVISOR: Name          Title:		
FULL TIME: YRS          MO	PART-TIME: YRS          MO IF PART-TIME, NO OF HOURS WORKED PER WEEK:	
# OF EMPLOYEE SUPERVISED BY YOU:		
DUTIES IN ORDER OF IMPORTANCE:		
REASON FOR LEAVING OR DESIRING A CHANGE:		

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

JOB TITLE:	Starting Salary: \$          per	Last Salary: \$          per
DATE EMPLOYED:	DATE SEPARATED:	
EMPLOYER OR COMPANY:		
EMPLOYER OR COMPANY ADDRESS:		
NAME & TITLE OF MOST CURRENT SUPERVISOR: Name          Title:		
FULL TIME: YRS          MO	PART-TIME: YRS          MO IF PART-TIME, NO OF HOURS WORKED PER WEEK:	
# OF EMPLOYEE SUPERVISED BY YOU:		
DUTIES IN ORDER OF IMPORTANCE:		
REASON FOR LEAVING OR DESIRING A CHANGE:		

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

JOB TITLE:		Starting Salary: \$            per	Last Salary: \$            per
DATE EMPLOYED:		DATE SEPARATED:	
EMPLOYER OR COMPANY:			
EMPLOYER OR COMPANY ADDRESS:			
NAME & TITLE OF MOST CURRENT SUPERVISOR: Name                      Title:			
FULL TIME: YRS            MO		PART-TIME: YRS            MO IF PART-TIME, NO OF HOURS WORKED PER WEEK:	
# OF EMPLOYEE SUPERVISED BY YOU:			
DUTIES IN ORDER OF IMPORTANCE:			
REASON FOR LEAVING OR DESIRING A CHANGE:			

<b>25)</b> Have you had disciplinary action taken against you in the past 12 months? If YES, explain under EXPLANATIONS. (YES will <i>not</i> automatically disqualify you.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>26)</b> Have you ever been dismissed or forced to resign from any job held? If YES, explain under EXPLANATIONS. (YES will <i>not</i> automatically disqualify you.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>27)</b> Were you dismissed or forced to resign for disciplinary reasons? If YES, explain under EXPLANATIONS. (YES will <i>not</i> automatically disqualify you.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>28)</b> May we contact your present employer for reference prior to an interview (if granted)? If you are not currently employed, please check here N/A. If NO, explain under EXPLANATIONS.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**EXPLANATIONS**

Item #:	Explanation:
Item #:	Explanation:
Item #:	Explanation:
Item #:	Explanation:

**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 educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town of Wilkesboro; and 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 Wilkesboro 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 using or 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 Wilkesboro, then I serve "at will". This means that I may be terminated at any time. I further understand that this "at will" employment relationship may not be changed by any written document unless such change is specifically approved by the Town Manager.

<b>SIGNATURE:</b>	<b>DATE:</b>
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# SUPPLEMENT TO TOWN OF WILKESBORO EMPLOYMENT APPLICATION

The Town of Wilkesboro is an Equal Opportunity Employer. **Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be separate from your employment application.** Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. It will be maintained in personnel files which must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of state general statutes.

POSITION APPLIED FOR:		DATE OF APPLICATION:	
NAME:			
<i>Last</i>	<i>First</i>	<i>Middle</i>	

**SEX:** ☐ MALE ☐ FEMALE

**ETHNIC CATEGORY: (Please circle)**

- ☐ **White** - Origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Black** - Origins in any of the Black racial groups of Africa. (Not Hispanic)
- ☐ **Hispanic** - Mexican, Puerto Rican, Cuban, Central, or South American or other Spanish Culture or origin regardless of race.
- ☐ **Asian or Pacific Islander** - Origins in the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.
- ☐ **American Indian or Alaskan Native** - Origins in any of the original peoples of North America.

**HOW DID YOU LEARN OF THIS OPENING:** (Indicate below by placing a check beside the source)

- ☐ Newspaper (specify):  
☐ Job Line  
☐ Came to Municipal Building  
☐ Internet (website):  
☐ Other (specify):
- ☐ Employment Security Commission  
☐ Employment Interest Card  
☐ Employment Opportunity List (where posted):

## DRUG SCREENING

All *FINAL* applicants for high risk or safety sensitive positions (HRSS) must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

## OVERTIME COMPENSATION AGREEMENT

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we generally allow the employee to choose between time off or pay for overtime worked. However, either is subject to supervisory approval and may be affected by budgetary constraints.

## SELECTIVE SERVICE REGISTRATION

If male and age 18 to 26, have you registered for Selective Service? ☐ Yes ☐ No If NO, you will have 30 days to comply if selected for a position as required by Federal law.

**CERTIFICATION (THIS FORM MUST BE SIGNED)**

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Signature*

Date \_\_\_\_\_

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