



**TOWN OF HARRISBURG
4100 MAIN STREET
HARRISBURG, NC 28075**

NAME _____
Last F rst Middle

ADDRESS _____
Number Street City State Zip Code

PHONE _____
Home Business Cell

ARE YOU 18 OR OVER? YES___ NO___ Are you eligible to work in the U.S.? YES___ NO___
(Proof of eligibility will be required upon employment)

Are you presently employed? YES___ NO___

It is the policy of the Town of Harrisburg to provide employment opportunities without regard to race, color, religion, sex, national origin or age. It is also the Town's policy to comply with all applicable laws and regulations protecting the employment and rights of veterans and handicapped persons.

A separate application is required for each position. Application should be submitted only once by mail, fax, email (harrisburgnc.org) or in person.

POSITION APPLIED FOR _____

Earliest date you could begin work _____
Month Day Year

Is there a minimum salary you would accept? YES___ NO___
If yes, \$_____ per _____.

Check the type of work that you would accept: Full Time_____ Part Time_____ Temporary_____

Have you ever been employed by the Town of Harrisburg before? YES___ NO___

If yes, when? _____ What Position? _____

SKILLS:

Typing _____ WPM Computer YES___ NO___
Transcription YES___ NO___ Software _____

List any other pertinent skills that you have which are related to the position for which you are applying:

"Working Together For A Successful Future"





EDUCATION/TRAINING

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

College: 1 2 3 4 5 6 7 8

Do you have a High School Diploma or GED? YES ___ NO ___

Name and Location of School	From/To (Mo/Yr)	Graduated	Degree/Major
High School			
College			
Tech/Trade			

List any special courses or training you have had: _____

Are you certified or trained in a specific skill such as CPR? YES ___ NO ___

Other Certification or specialized training:

Are you registered or licensed for a profession in North Carolina? YES ___ NO ___

If yes, Profession _____ Lic. No. _____

Expires _____

Do you have a valid driver's license? YES ___ NO ___ License Number _____ St. _____ Exp. _____

Do you have a valid commercial driver's license? YES ___ NO ___ License Number _____ St. _____ Exp. _____

List the types of heavy or motor-driven equipment you can operate.

Have you ever been convicted of a crime other than a minor traffic violation? "Conviction" includes a guilty plea, a plea of nolo contendere/no contest, or the imposition of a fine or sentence by the court or tribunal. A "yes" response will not necessarily result in denial of employment. YES ___ NO ___

IF YOUR ANSWER IS YES, EXPLAIN BELOW.

OFFENSE	DATE	TOWN, CITY, STATE	FINAL ACTION

Have you ever been bonded? YES ___ NO ___

"Working Together For A Successful Future"





EMPLOYMENT HISTORY

MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT

INSTRUCTIONS: READ CAREFULLY BEFORE COMPLETING THE REMAINDER OF THIS SECTION. IT IS IMPORTANT THAT THIS SECTION BE COMPLETED IN DETAIL IF YOUR EXPERIENCE IS TO BE FAIRLY EVALUATED.

1. Start with the most recent position and work back to the first position you held.
2. Give specific information about the nature and responsibilities of each position you have held. Use a separate block for each position, even if it is with the same employer.
3. List all employment including military service, part-time, and self-employment. Include all periods of unemployment except those during which you were a full-time student at an academic or technical institution.
4. **A RESUME MAY NOT BE SUBSTITUTED FOR THIS SECTION.** However, a resume may be attached upon full completion of this application.
5. If space is too limited for listing all your employment record, you may use an additional sheet of paper following the same format used below. Sign/print your name and include with this application.

Current or most recent position	Description of specific duties
Employer's Name: _____	_____
Address: _____	_____
City: _____ State _____	_____
Telephone Number: _____ Ext. _____	_____
Position Title: _____	_____
May we contact? YES ___ NO ___	_____
Supervisor's Name: _____	_____
Dates employed in this position:	_____
Mo: _____ Yr: _____ TO Mo: _____ YR: _____	Reason for leaving: _____
Starting Salary: _____ Last Salary: _____	_____

Current or most recent position	Description of specific duties
Employer's Name: _____	_____
Address: _____	_____
City: _____ State _____	_____
Telephone Number: _____ Ext. _____	_____
Position Title: _____	_____
May we contact? YES ___ NO ___	_____
Supervisor's Name: _____	_____
Dates employed in this position:	_____
Mo: _____ Yr: _____ TO Mo: _____ YR: _____	Reason for leaving: _____
Starting Salary: _____ Last Salary: _____	_____

Current or most recent position	Description of specific duties
Employer's Name: _____	_____
Address: _____	_____
City: _____ State _____	_____
Telephone Number: _____ Ext. _____	_____
Position Title: _____	_____
May we contact? YES ___ NO ___	_____
Supervisor's Name: _____	_____
Dates employed in this position:	_____
Mo: _____ Yr: _____ TO Mo: _____ YR: _____	Reason for leaving: _____
Starting Salary: _____ Last Salary: _____	_____

"Working Together For A Successful Future"





MILITARY HISTORY

If you served in the military and received anything other than an honorable discharge, please explain. Discharge under other than honorable circumstances will not necessarily result in denial of employment.

REFERENCES

Please list three persons who are not related to you and who have a definite knowledge of your work. Do not repeat names of supervisors listed in your work history.

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Do you have any relatives currently employed by the Town of Harrisburg? If yes, who, in what position, and in what department are they employed? What is the relationship?

How did you learn about our current job opening(s)?

Newspaper Ad Name of newspaper _____
 Town Employee Name of employee _____
 Personal Interest (Called or came by Town Hall Office)
 Employment Bulletin
 City Website
 Other _____

CERTIFICATE OF APPLICANT: I hereby declare the information provided by me in this Application for Employment is true, correct and complete. I understand that if employed, any false statement, misstatement, or omission of fact may result in my being disqualified or my being discharged. I also understand that I must pass a medical examination as a condition of employment. The Town is hereby authorized to make any investigation of my personal history and financial credit record through any investigative or credit agents or bureaus of its choice.

I further understand and acknowledge that if employed _____ an employee "at will", meaning that I will have the right to terminate my employment at any time, with or without notice, and with or without cause, and that the Town will have the same right.

Applicant's Signature _____ Date _____

NOTICE TO APPLICANTS***DRUG TESTING REQUIRED BEFORE IRED.**
Your written consent for Drug Testing is required.

"Working Together For A Successful Future"

