



**APPLICATION FOR EMPLOYMENT
CITY OF TRINITY, NORTH CAROLINA**

WE CONSIDER APPLICANTS ONLY FOR VACANT POSITIONS WITHOUT REGARD TO RACE, RELIGION, GENDER, SEXUAL ORIENTATION, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. IT IS THE RESPONSIBILITY OF EACH APPLICANT TO NOTIFY US IF ANY REASONABLE ACCOMODATIONS ARE NECESSARY TO ALLOW THEM TO COMPLETE THE APPLICATION PROCESS.

Position Applied for: _____ Date: _____

How did you learn about the vacancy? (Circle as many as are applicable)

Newspaper Advertisement Friend City Web Site
Employment Agency Relative Online Career Site
Other (please describe): _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Telephone Number(s) Drivers License # Social Security #
Home (____) _____ _____ _____
Work (____) _____ State _____

If you are under 18 years of age can you provide required proof of your eligibility to work? (Circle) Yes No

Have you ever filed an application with us before? (Circle) Yes (When? _____) No

Are you currently employed? (Circle) Yes No

May we contact your present employer? (Circle) Yes No

If you are between the ages of 18 to 25, have you registered for military service? (Circle) Yes No

Are you a citizen of the United States or are you legally allowed to work in the United States (Circle) Yes No

Proof of citizenship or immigration status will be required upon employment.

Do you have any relative(s) employed by us or who are elected officials? (Circle) Yes No
If yes, who and in what department are they employed and what is the relationship? _____

Have you been convicted of any crime other than a minor traffic violation? (Circle) Yes No

If yes, please explain: _____

When would you be available to start work? _____

EDUCATION

Please provide school name(s) and location(s):

Elementary School	High School	Undergraduate	Graduate
_____	_____	_____	_____

Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
_____	_____	_____	_____	_____

Diploma or Degree(s) and Concentration

Describe specialized training, internships, apprenticeship skills and relevant extra-curricular activities.

Describe honors you have received.

State any additional information you feel may be helpful to us in considering your application.

List professional, trade, business, or civic activities and offices held (*you may exclude memberships which would reveal sex, religion, national origin, age, ancestry or disability or other protected status*)

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Have you ever had any job related training in the United States Military? (*Circle One*) Yes No

If yes, please describe:

REFERENCES

Give name, address and telephone number of three (3) references who are not related to you and who have a definite knowledge of your work ability. Explain your relationship to each reference

1. _____

2. _____

3. _____

EMPLOYMENT EXPERIENCE

Start with your present or last position. Include any job-related military service assignments and volunteer activities. Please account for all time and explain any breaks in employment periods. You may exclude organizations which indicate race, color, religion, sex, national origin, disability or other protected status. Add additional sheets as necessary.

1. Employer: _____ Dates employed: From _____ To _____
Address: _____
Type of Work Performed: _____
Telephone Number(s): _____
Salary Information: Starting: _____ Final: _____
Job Title: _____ Supervisor: _____
May we contact your Supervisor? (*Circle One*) Yes No
Reason for Leaving: _____

2. Employer: _____ Dates employed: From _____ To _____
Address: _____
Type of Work Performed: _____
Telephone Number(s): _____
Salary Information: Starting: _____ Final: _____
Job Title: _____ Supervisor: _____
May we contact your Supervisor? (*Circle One*) Yes No
Reason for Leaving: _____

3. Employer: _____ Dates employed: From _____ To _____
Address: _____
Type of Work Performed: _____
Telephone Number(s): _____
Salary Information: Starting: _____ Final: _____
Job Title: _____ Supervisor: _____
May we contact your Supervisor? (*Circle One*) Yes No
Reason for Leaving: _____

4. Employer: _____ Dates employed: From _____ To _____

Address: _____

Type of Work Performed: _____

Telephone Number(s): _____

Salary Information: Starting: _____ Final: _____

Job Title: _____ Supervisor: _____

May we contact your Supervisor? (*Circle One*) Yes No

Reason for Leaving: _____

5. Employer: _____ Dates employed: From _____ To _____

Address: _____

Type of Work Performed: _____

Telephone Number(s): _____

Salary Information: Starting: _____ Final: _____

Job Title: _____ Supervisor: _____

May we contact your Supervisor? (*Circle One*) Yes No

Reason for Leaving: _____

6. Employer: _____ Dates employed: From _____ To _____

Address: _____

Type of Work Performed: _____

Telephone Number(s): _____

Salary Information: Starting: _____ Final: _____

Job Title: _____ Supervisor: _____

May we contact your Supervisor? (*Circle One*) Yes No

Reason for Leaving: _____

VOLUNTARY INFORMATION
(INFORMATION WILL BE USED TO ASSIST IN PLACEMENT ONLY)

DISABILITY: A disability is any impairment which substantially limits a major life function. This information is optional. Failure to provide it will not subject you to any adverse treatment. It will be utilized only to assist in making reasonable accommodations for the performance of the essential functions of the position applied for. *Please list below any accommodations that you need to enable you to perform the essential functions of this position.*

APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and release of pertinent information to the City of Trinity as may be necessary in arriving at an employment decision. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulation of the City of Trinity. Final candidates for the full-time positions may be required to take a drug test.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview? Yes No

Remarks:

Employed? Yes No

Date of Employment _____ Salary _____

Job Title _____

Department _____

Authorized by _____

Name and Title

Date

