



City of Graham

Employment Application

An Equal Opportunity / Affirmative Action Employer

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

201 SOUTH MAIN STREET • P.O. DRAWER 357 • GRAHAM, NORTH CAROLINA 27253
(336) 570-6700 • FAX (336) 570-6703

IMPORTANT! Please print or type. Fill out all sections of this application 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 City.

Current Information

1. POSITION APPLIED FOR _____ Date _____
2. Social Security No. _____
3. Are you seeking: Full-time Employment ☐ Part-time Employment ☐ Temporary ☐ Summer Work ☐
4. NAME _____
Last First Middle
5. ADDRESS _____
Street & No., RFD, or P. O. Box City State Zip
6. TELEPHONE () _____ () _____ If neither, where can you be reached? () _____
Home Business
7. ARE YOU 18 OR OLDER? YES ☐ NO ☐ IF NO, WHAT IS YOUR BIRTHDATE? _____
IF NO, DO YOU HAVE A WORK PERMIT? YES ☐ NO ☐

General Information (Attach additional sheet if needed)

If you need to explain any answer, use the space under Item 28, EXPLANATIONS.

8. Have you ever been employed with the City of Graham? YES ☐ NO ☐
If yes, what dept. & when? _____
9. Have you applied to the City of Graham before? YES ☐ NO ☐
If yes, indicate what position and when? _____
10. Apart from absences for religious observations, will you accept employment requiring occasional night work or weekend work? YES ☐ NO ☐
11. Apart from absences for religious observations, will you accept employment requiring regular night work, weekend work, or rotating shifts? YES ☐ NO ☐
12. Are you related now or previously by blood or marriage to any City employee? YES ☐ NO ☐
If yes, give name, relationship and department _____
13. Do you have the ability to perform all the duties of the job you have applied for? YES ☐ NO ☐
14. Are you an American citizen or do you currently have authorization to work in the United States? YES ☐ NO ☐
15. Did you receive any of your education or employment experience under another name? YES ☐ NO ☐
If yes, please explain under Explanations

TURN OVER

Education

Give your complete educational history.

Circle highest school year completed.

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

16. High School _____
Name City State Ending Date

17. Have you received a high school diploma or equivalent? YES ☐ No ☐ If yes, when? _____

Education Beyond High School	Name and Location	Attended				Did You Graduate?	Credit Hours	Degree, Diploma or Certificate Earned - or - Number of Years Completed	Major Subject
		From		To					Minor Subject
		Mo.	Yr.	Mo.	Yr.				
18. College(s) or University(ies)						YES			
						NO			
						YES			
						NO			
19. Graduate or Professional Schools						YES			
						NO			
						YES			
						NO			
20. Technical Inst., Internship, Other						YES			
						NO			
						YES			
						NO			

Skills, Knowledge & Abilities

21. Please list any skills, knowledge, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate. If you wish consideration for a secretarial position, indicate speeds for typing and shorthand.

(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 driver's license number and the state where it was issued. If you do not have a driver's license, please put "NONE" in the blank.

24. Is your driver's license a Commercial Driver's License? YES ☐ No ☐
 If YES, indicate the class _____.

#	STATE
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Employment

Record your complete work history in the spaces below. Begin with your most current or most recent employer first. Include military and related volunteer experience. Continuation sheets are available. Attach as many sheets as are necessary to account for your full record. Be sure to account for gaps in your employment history. Please be thorough, including completing the "Duties" lines. "See attached resume" alone is not acceptable in the "Duties" space.

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

Job Title _____ Starting Salary _____ Last Salary _____

Name and title of supervisor _____ No. employees supervised by you _____

Employer or company _____ Telephone # () _____

Date Employed _____ Address _____

Date Separated _____ Duties in Order of Importance _____

Full-time for: Years Months

Part-time for: Years Months

If part-time, number of
hrs. worked per week _____

Reason for leaving or desiring a change: _____

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

Job Title _____ Starting Salary _____ Last Salary _____

Name and title of supervisor _____ No. employees supervised by you _____

Employer or company _____ Telephone # () _____

Date Employed _____ Address _____

Date Separated _____ Duties in Order of Importance _____

Full-time for: Years Months

Part-time for: Years Months

If part-time, number of
hrs. worked per week _____

Reason for leaving or desiring a change: _____

C. NEXT EMPLOYMENT (or explain gap in employment)

Job Title _____ Starting Salary _____ Last Salary _____

Name and title of supervisor _____ No. employees supervised by you _____

Employer or company _____ Telephone # () _____

Date Employed _____ Address _____

Date Separated _____ Duties in Order of Importance _____

Full-time for: Years Months

Part-time for: Years Months

If part-time, number of
hrs. worked per week _____

Reason for leaving or desiring a change: _____

D. NEXT EMPLOYMENT (or explain gap in employment)

Job Title _____ Starting Salary _____ Last Salary _____

Name and title of supervisor _____ No. employees supervised by you _____

Employer or company _____ Telephone # () _____

Date Employed _____ Address _____

Date Separated _____ Duties in Order of Importance _____

Full-time for: Years Months

Part-time for: Years Months

If part-time, number of
hrs. worked per week _____

Reason for leaving or desiring a change: _____

Employment Continued

E. NEXT EMPLOYMENT (or explain gap in employment)

Job Title _____		Starting Salary _____	Last Salary _____
Name and title of supervisor _____		No. employees supervised by you _____	
Employer or company _____		Telephone # () _____	
Date Employed _____	Address _____		
Date Separated _____	Duties in Order of Importance _____		
Full-time for: Years Months	Reason for leaving or desiring a change: _____		
Part-time for: Years Months			
If part-time, number of hrs. worked per week _____			

U.S. Military Service

Branch Of Service _____ Date Entered _____ Date Discharged _____
Type Of Discharge _____ Rank When Discharged _____ Are You In Reserve Status _____

References

Name:	Address and Telephone No.:
1.	
2.	
3.	
4.	

25. Have you had disciplinary action taken against you in the past 12 months? ☐NO ☐YES
If yes, explain under Explanations. (A YES will not automatically disqualify you.)
26. Have you ever been dismissed or forced to resign from any job held? ☐NO ☐YES
If yes, explain under Explanations. (A YES will not automatically disqualify you.)
27. May we contact your present employer for reference? ☐NO ☐YES If NO, explain under Item 28, EXPLANATIONS.

28. **EXPLANATIONS** Indicate item number to which answers apply.

ITEM #	

Certification And Release

City employees are subject to the City of Graham Personnel Policy.

I certify that I have made no misrepresentation in this application and I have not withheld information in my statements and answers to questions. I hereby give my full permission for any and all information in this application to be investigated. I am aware that any misrepresentations may cause my application to be rejected or may cause dismissal if I am hired before such misrepresentations are discovered. As an applicant, I am aware that I am not required to disclose information regarding an arrest, criminal charge or criminal conviction that has been expunged.

I agree to submit to a drug test as permitted under the law and understand that employment with the City of Graham is conditional based on passing said test. I understand that any appointment will be at the discretion of the Department Head concerned, subject to the approval of the City Manager. I understand that any employment will be "at will," which means that the City has no obligation to continue to employ me in the future. I also understand that this application is the property of the City of Graham and will become part of my personnel file if I am hired.

Signature of Applicant _____ Date _____



Applicant Information Form

City of Graham

APPLICANT INFORMATION: The City of Graham is an Equal Opportunity Employer. We are requesting the following information to comply with reporting requirements of the Equal Employment Opportunity Commission. Submission of this information is voluntary and refusal to provide it will not affect the decision regarding your application for employment. This form will be separate from your employment application and will not be used in any way in our selection process nor for any personnel action.

NAME:

LAST

FIRST

MIDDLE

DATE OF APPLICATION: _____

Position applied for: _____

SEX: (please circle) Male Female **DATE OF BIRTH:** _____

ETHNIC CATEGORY: (please check only one box)

American Indian or Alaskan Native – A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.

Asia – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – A person having origins in any of the black racial groups of Africa.

Hispanic or Latino – A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Native Hawaiian or Pacific Islander – A person having origins in any original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Two or More Races – All persons that identify with more than one of the above six races.

None of the above

PHYSICAL OR MENTAL HANDICAP: (please circle as appropriate)

Blind

Deaf

Communicative

Orthopedic

Other (specify): _____

HOW DID YOU LEARN ABOUT THIS POSITION? _____

Newspaper (specify) _____

Other: (please check all that apply)

Employment Security Commission _____

Personal Referral _____

Phoned or visited Municipal Building _____

Internet _____

DRUG SCREENING

All applicants receiving a conditional offer of employment must pass a drug screening, criminal background check, and possibly a credit check. Should you be offered employment, you will be provided more information.

SELECTIVE SERVICE REGISTRATION

If male and age 18 to 25, have you registered for Selective Service? (please circle)

Yes

No

If not, you will have 30 days to comply if selected for a position as required by Federal law.

SIGNATURE: _____