

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.
- 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 with or without cause. 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** _____

SUPPLEMENT TO TOWN OF SYLVA
EMPLOYMENT APPLICATION

The Town of Sylva is an Equal Opportunity Employer. Please complete this form in order for us to comply with the reporting requirement for 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.

I. Position Applied For: _____

Name: _____

Last

First

Middle

Date of Application: _____

II. Sex: (Please circle) Male Female

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? Please circle the **one bold title** that describes the race/ethnicity category with which you primarily identify.

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

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

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

Asian: 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.

Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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

Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.

SOCIAL SECURITY NUMBER (SSN)

Providing this information as an applicant is voluntary and is only used as a personal identifier for internal record keeping. It is required for an HRSS position for drug testing. Should you be employed, your SSN will be required for wage reporting and internal records. SSN _____

DRUG SCREENING

All *FINAL* applicants must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

SELECTIVE SERVICE REGISTRATION

If male and age 18 to 26, 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.

CERTIFICATION

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

An Equal Opportunity/Affirmative Action Employer