



Town of JAMESVILLE



PO Box 215
Jamesville, NC 27846
Town Hall: 1211 Water Street

NORTH CAROLINA

Phone: 252-792-5006
Fax: 252-799-4313
jamesville@embarqmail.com

APPLICATION FOR EMPLOYMENT

The Town of Jamesville is an Equal Opportunity Employer

A Copy of Driver's License and Social Security Card is Required

Please Print Clearly

Position Title: _____

Name: _____ Date: ____/____/____
(LAST) (FIRST) (MIDDLE)

Address: _____
(Street Address) (City) (State) (Zip Code)

Are you at least 18 Year of Age? (YES) OR (NO) Rate of Pay Expected: _____

Type of Work: (FULL TIME) (PART TIME)

Highest Level of Education Completed: _____

Name of School: _____ City Located: _____

List any certifications that you currently have (attach copies with application): _____

Driver's License#: _____ State: _____ Social Security#: _____

Are you a U.S. Citizen: (YES) OR (NO) If not, are you eligible to work in the U.S.? (YES) OR (NO)

Have you ever been employed with the Town of Jamesville before? (YES) OR (NO) If yes, Date of Employment: _____

Did you serve in the U.S. Armed Forces? (YES) OR (NO) (If yes, please include a copy DD form 214)

Do you have any relatives that currently (or have in the past) that work or have worked for the Town of Jamesville? (YES) OR (NO)

If yes, please list their name(s)/relationships: _____

Have you ever been convicted of a crime other than Minor Traffic Violations? (YES) OR (NO)

If yes, please list date, place and disposition of case: _____

Explanation of the offense: _____

List the jobs that you have held, beginning with your last or present employer. Include any part-time jobs, and/or military service in the proper sequence for at least the past 10 years. Failure to give complete information may result in rejection of your application. If more spaces are needed, use additional sheets.

Employer: _____ Phone# _____

Address: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Dates Employed: _____ - _____ Number Supervised by you: _____

Reason for Leaving: _____

Your job duties: _____

Name of your immediate supervisor: _____

May we contact this employer/supervisor concerning your application: (YES) OR (NO)

Employer: _____ Phone# _____

Address: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

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Your job duties: _____

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May we contact this employer/supervisor concerning your application: (YES) OR (NO)

Employer: _____ Phone# _____

Address: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Dates Employed: _____ - _____ Number Supervised by you: _____

Reason for Leaving: _____

Your job duties: _____

Name of your immediate supervisor: _____

May we contact this employer/supervisor concerning your application: (YES) OR (NO)

Please list three personal references who are not related to you and have definite knowledge of your qualifications for the position you are applying for. Do not repeat names of supervisor(s) listed in the work history on the previous page.

Name of Reference: _____

Address: _____ Phone: _____

Occupation: _____

How does this person know you? _____

How long had this person known you? _____

Name of Reference: _____

Address: _____ Phone: _____

Occupation: _____

How does this person know you? _____

How long had this person known you? _____

Name of Reference: _____

Address: _____ Phone: _____

Occupation: _____

How does this person know you? _____

How long had this person known you? _____

By my signature below, I certify that the facts entered in this application are true, complete and accurate to the best of my knowledge. I understand that misstatements and falsifications are reasons for non-selection and, if discovered after employment, are grounds for immediate dismissal without recourse. I also understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature of Applicant _____ Date _____

List an Emergency Contact: _____ Phone: _____

Alt. Emergency Contact: _____ Phone: _____

CONSENT AND AUTHORIZATION: READ CAREFULLY BEFORE SIGNING

I have applied for employment with the Town of Jamesville and my signature below authorizes you to release the contents of my employment record with your organization, whether negative or positive information.

I further consent to allow the Town of Jamesville to obtain any and all information concerning my former/current employment. This includes my job performance appraisals/evaluations, wage history, disciplinary action(s) if any, and all other matters pertaining to my employment with the previous employers. This form may be photocopied, reproduced as a facsimile, and/or other electronic means, and used at the Town of Jamesville's discretion.

Please Print Name of Applicant _____

Signature of Applicant _____ Date _____

Please Print Name of Witness _____

Signature of Witness _____ Date _____

DRUG POLICY: READ CAREFULLY BEFORE SIGNING

I do hereby understand that the Town of Jamesville has a drug screening policy and applicant, which are considered for a position will be drug tested before employment. I also understand that I may be required to provide the drug screener a sample of my urine, blood, hair, and/or other bodily substances in order to perform the drug screening.

Please Print Name of Applicant _____

Signature of Applicant _____ Date _____

Research Information (Voluntary Information)

This section is Optional

The research information below remains in the Human Resources Department and will not be used for any hiring decision. Failure to provide this information will not affect any consideration for employment and will be treated as confidential as required by law.

Date of Birth: ____/____/____ Sex: (MALE) OR (FEMALE) Veteran Status: (YES) OR (NO)

Ethnic Background:

____ American Indian ____ Alaskan Native ____ Asian American/Pacific Islander ____ Black ____ White
____ Other

How did you learn about the vacancy?

__ Employment Security Commission ____ Town Employee ____ Newspaper ____ Town Hall ____ Internet

The Town of Jamesville performs an extensive criminal background check on all applicants. Currently, this is contracted through a third party. An application will not be reviewed without the following page completely filled out.

RELEASE OF AUTHORIZATION FORM

Town of Jamesville

P: 252-792-5006 F: 252-799-4313

Return reports: EMAIL - jamesville@embarqmail.com

To the extent permitted by applicable state law, I hereby consent to this investigation and authorize the **Town of Jamesville** (referenced as "company" throughout this document) to procure consumer reports, criminal background checks, investigative consumer reports (as defined by law), on my background. I have reviewed and understand the information, statements, and notices in all the disclosures provided to me as mentioned above by the company, as well as this Release Authorization Form. My authorization remains valid throughout my employment with the company, such that, to the extent permitted by applicable law, I agree company can procure additional consumer reports, criminal background checks, and/or investigative consumer reports (as defined by federal law) during my employment without providing additional disclosures or obtained additional authorizations. Except as otherwise prohibited by state law, I consent to and authorize the company to share this information with Company's current or prospective clients, customers, other with a need to know, and/or their agents for business reasons. Information is not limited and may include drug test results and personal verification history. Furthermore, I release any and all employers, bureaus, agencies, individuals, data organizations, or companies from all liabilities of damages that might occur from information obtained. I understand that the information regarding sex, race, and date of birth are for the sole purpose of gathering the information accurately and will not be used to discriminate against me in violation of any law. A facsimile (FAX) or photocopy of this release form shall be as valid as the original.

Applicant/Employee Personal Information *Please print CLEARLY*

Name (First) _____ (Middle) _____ (Last) _____

Address: _____ City _____ State _____ Zip _____

County _____ Driver's License# _____ State _____

Gender: (MALE) (FEMALE) Race: _____ Phone (_____) _____ - _____

Social Security# _____ - _____ - _____ Date of Birth _____ / _____ / _____
Month / Day / Year

List other cities or towns that you have lived in the last 7 years:

Dates _____ / _____ to _____ / _____

City _____ County _____ State _____ Zip _____

Dates _____ / _____ to _____ / _____

City _____ County _____ State _____ Zip _____

Applicant/Employee Signature _____ Date _____

SAFE-T-WORKS, INC.

Drug & Alcohol Testing and Pre-Employment Services

1029 Sunset Avenue, Asheboro, NC 27203

Phone: 336-736-8038

Fax: 336-736-8042

Background Investigation

Please perform a background investigation on the following (please PRINT all information):

_____	_____	_____	_____
Last Name	First Name	Middle Name	Maiden Name

Current Street Address			

_____	_____	_____	_____
City	State	ZIP	

Prior Street Address			
_____	_____	_____	_____
City	State	ZIP	Gender: M F
_____	_____	_____	Race: _____
Date of Birth	Social Security Number		Phone: _____
_____	_____	_____	_____

Signature of Authorization

FCRA: 1) Signing this authorizes a background investigation. 2) You may not be hired or your employment continued based on our report. 3) You will be told if that is the intent. 4) You can view the report and dispute items you feel are erroneous with us or the source.

I hereby authorize the release to Safe-T-Works, Inc., any information held by any parties regarding my prior employment, criminal, credit, driving, workers comp. and educational history as well as information regarding my general character and reputation. I release any providers of such information from any liability for providing same. I understand the information may be reviewed initially and periodically by Safe-T-Works and reported to my prospective/actual employer. I agree falsification may make me ineligible for employment or subject to immediate dismissal, if hired. I further acknowledge that Safe-T-Works is relying on third party information and I therefore release Safe-T-Works, my prospective employer, and their respective owners, officers, agents and employees from any and all liability arising out of errors or omissions. If not hired, I understand I do have certain rights under FCRA laws.

Please check the appropriate box below:

- Multi-State with Identitrace (National) State _____
- Identitrace (Social Security & Address Verification only) National Sex Offender
- Other _____ Federal Courthouse Search
- Driver's License Check _____ Credit History
- Driver's License Number & State

Requested by:

Phone Number

Today's Date

Please fax to Safe-T-Works, Inc at 336-736-8042

or email carriecallcutt@safetworksinc.com