

INTERNAL APPLICANT#

Assigned by Employment Division (HR)

CITY OF GASTONIA
Gastonia, North Carolina
AN EQUAL OPPORTUNITY EMPLOYER - M/F/H
APPLICATION FOR EMPLOYMENT
(COMplete ENTIRE APPLICATION PGS 1-4)

Form section containing fields for FULL NAME, DATE, POSITION APPLIED FOR, ADDRESS, MINIMUM SALARY EXPECTED, WHICH OF THE FOLLOWING WILL YOU ACCEPT?, CONTACT PHONE #s, and Are You 18 Years of Age or Older?.

EDUCATION INFORMATION

(Circle) Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12 / GED / College 1 2 3 4 / Graduate School 1 2

Table with 6 columns: Name and Location, Dates Attended, Graduate, Degree, Major. Rows include High School, College or University, Graduate or Professional, Business, Trade or Military.

SKILLS AND LICENSE INFORMATION

Form section containing Active Professional Registrations/Licenses/Certifications, On-the-Job Apprenticeship/Vocational Training, Do You Possess Any of the Following Skills?, and Other Languages?.

PERSONAL INFORMATION

Form section containing Are You a United States Citizen?, Have You Worked for the City of Gastonia Before?, Do You Have Relatives That Work For Us?, and Have You Ever Been Convicted of a Crime Other Than Minor Traffic Violations?.

EMPLOYMENT IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A DRUG SCREENING EVALUATION. SUCCESSFUL COMPLETION OF THIS EVALUATION IS NO GUARANTEE OF EMPLOYMENT.

**EMPLOYMENT HISTORY**

List below your previous work experience. Start with your most recent position and work back in time. Please include service in the U.S. Armed Forces and any self-employment. Use continuation sheet if more space is needed.

<p><b>LAST JOB</b></p> <p>Employer _____ Phone # _____</p> <p>Employer's Address _____</p> <p>List Your _____ # of PPL You Supervised: _____</p> <p>Job Title &amp; Duties _____</p> <hr/> <p>May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Reason For Leaving? _____</p>	<p align="center"><b>Month Year</b></p> <p>From _____</p> <p>To _____</p> <p>Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Start Salary _____</p> <p>Last Salary _____</p> <hr/> <p>Supervisor's Name and Title _____</p>
<p><b>PREV JOB</b></p> <p>Employer _____ Phone # _____</p> <p>Employer's Address _____</p> <p>List Your _____ # of PPL You Supervised: _____</p> <p>Job Title &amp; Duties _____</p> <hr/> <p>May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Reason For Leaving? _____</p>	<p align="center"><b>Month Year</b></p> <p>From _____</p> <p>To _____</p> <p>Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Start Salary _____</p> <p>Last Salary _____</p> <hr/> <p>Supervisor's Name and Title _____</p>
<p><b>PREV JOB</b></p> <p>Employer _____ Phone # _____</p> <p>Employer's Address _____</p> <p>List Your _____ # of PPL You Supervised: _____</p> <p>Job Title &amp; Duties _____</p> <hr/> <p>May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Reason For Leaving? _____</p>	<p align="center"><b>Month Year</b></p> <p>From _____</p> <p>To _____</p> <p>Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Start Salary _____</p> <p>Last Salary _____</p> <hr/> <p>Supervisor's Name and Title _____</p>
<p><b>PREV JOB</b></p> <p>Employer _____ Phone # _____</p> <p>Employer's Address _____</p> <p>List Your _____ # of PPL You Supervised: _____</p> <p>Job Title &amp; Duties _____</p> <hr/> <p>May We Contact Them? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Reason For Leaving? _____</p>	<p align="center"><b>Month Year</b></p> <p>From _____</p> <p>To _____</p> <p>Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Start Salary _____</p> <p>Last Salary _____</p> <hr/> <p>Supervisor's Name and Title _____</p>

**PERSONAL REFERENCES** (List three people, other than relatives or former employers, who can vouch for your character.)

	Name	Street Address	City/State	Phone#	#Yrs Known
1.					
2.					
3.					

*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 grounds 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. Pursuant to the Immigration Reform and Control Act of 1986, I understand that, if hired, I must provide the City with the appropriate document(s) verifying both identity and employment eligibility to work in the United States.*

<b>Signature of Applicant</b> _____	<b>Date</b> _____
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**CITY OF GASTONIA**  
**Gastonia, North Carolina**  
**AN EQUAL OPPORTUNITY EMPLOYER – M/F/H**

INTERNAL APPLICANT#

Assigned by Employment Division (HR)

**APPLICANT RECORD**

**DATE** \_\_\_\_\_ **POSITION APPLIED FOR** \_\_\_\_\_

**FULL NAME** \_\_\_\_\_  
 Last First Middle

**MAILING ADDRESS** \_\_\_\_\_  
 Street Address or Post Office Box

City State Zip Code

**PHONE#/s** \_\_\_\_\_  
 Primary Contact # Alternate Contact #

**EMAIL ADDRESS** \_\_\_\_\_

The City of Gastonia will provide equal opportunity through a positive and continuing program for all persons. The City will prohibit discrimination on the basis of race, color, religion, sex, national origin, disability, age or any other factor that cannot be lawfully used as the basis for employment decision.

Federal laws and regulations require employers to monitor and report the status of their equal employment opportunity and affirmative action programs on a continuous basis. Therefore, we are asking you to complete the information below. This information will be maintained only for the purpose of monitoring and reporting compliance in accordance with applicable laws and regulations as well as to insure compliance with the City policies and procedures and will not be used for any other purposes.

**RESEARCH INFORMATION (VOLUNTARY INFORMATION)**

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

<p><b>DATE OF BIRTH</b></p> <p>____ / ____ / ____</p> <p><b>MO DAY YR</b></p> <p><b>VETERAN STATUS</b>          (Are You a Veteran?)</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>SEX (Check One)</b></p> <p><input type="checkbox"/> Male  <input type="checkbox"/> Female</p> <p><b>ETHNIC BACKGROUND</b></p> <p><input type="checkbox"/> American Indian  <input type="checkbox"/> Alaskan Native  <input type="checkbox"/> Asian American / Pacific Islander  <input type="checkbox"/> Black  <input type="checkbox"/> White  <input type="checkbox"/> Other _____</p>	<p><b>HOW DID YOU LEARN ABOUT VACANCY?</b></p> <p><input type="checkbox"/> City Employment Board  <input type="checkbox"/> Employment Security Commission  <input type="checkbox"/> City employee  <input type="checkbox"/> Newspaper/Journal Ad  <input type="checkbox"/> Job Line  <input type="checkbox"/> Internet  <input type="checkbox"/> Govt. Access Channel  <input type="checkbox"/> Other</p> <p>_____</p>
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**MAILING & CONTACT INFORMATION**

City of Gastonia (HR)	:	City of Gastonia (HR)
Employment Division	:	Employment Division
181 S. South Street	:	PO Box 1748
Gastonia, N.C. 28052	:	Gastonia, N.C. 28053
<small>STREET ADDRESS</small>	:	<small>MAILING ADDRESS</small>

(Phone#(s): 704-854-6667 / 704-866-6858  
 (Fax#): 704-836-0045  
 (Email): jobs@cityofgastonia.com

**REFERENCE/BACKGROUND CHECK AUTHORIZATION**

A photocopy of this signed Reference/Background Check Authorization shall have the same binding effect as the original form.

**List any other names you have ever gone by.**

\_\_\_\_\_  
\_\_\_\_\_

**List any former addresses that you have lived during the past 7 years.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DRIVER'S LICENSE & SOCIAL SECURITY INFORMATION REQUEST**

The City of Gastonia requests your Driver's License/State ID # and Social Security # to assist us in conducting the following background checks: Criminal History, Driving Record and Credit History as required. We will not divulge this information to anyone or any organization except on a strict need to know basis.

**Do You Have a Valid Driver's License or a State Issued ID Card?**  Yes  No

State: \_\_\_\_\_ License or ID #: \_\_\_\_\_

Class/Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Endorsements: \_\_\_\_\_

**If Necessary, Are You Willing to Use Your Personal Vehicle to Conduct City Business?**  Yes  No

Social Security #: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*By my signature above, I certify that I understand the reason(s) for the City of Gastonia's requests for my Driver's License/State ID#, Social Security # and other requests for Reference/Background Information as stated above. I grant permission for the City of Gastonia's designated representative(s) to obtain employment related information from previous employers and/or other sources of reference. I also hereby grant permission to applicable sources to release employment related information. I further authorize the City of Gastonia's designated representative(s) to use information provided on my application to review other areas in my background including but not limited to educational verification, driver's record verification, criminal and credit history, if necessary, and grant applicable sources permission to release such information.*