



# CITY OF SHELBY

## APPLICATION FOR EMPLOYMENT

**BE SURE TO GIVE ACCURATE AND COMPLETE INFORMATION. FAILURE TO DO SO MAY RESULT IN THE REJECTION OF YOUR APPLICATION. IT IS IMPORTANT THAT YOU FILL OUT ALL SECTIONS OF THIS APPLICATION COMPLETELY AND TO THE BEST OF YOUR ABILITY. YOUR APPLICATION WILL BE USED AS APART OF THE EVALUATION PROCESS AND, THEREFORE, SHOULD REPRESENT YOUR BEST EFFORT. YOU MAY ATTACH A RESUME, BUT THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.**

### Current Information

Position applied for _____	Date _____		
When will you be available for employment? _____			
Are you seeking:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Summer Work <input type="checkbox"/>
NAME _____	_____	_____	_____
	Last	First	Middle
ADDRESS _____	_____	_____	_____
	Street & No. or P.O. Box	City	State Zip
TELEPHONE (____) _____	(____) _____	_____	_____
	Home	Business	E-mail Address
DRIVERS LICENSE NO. _____	STATE _____	SOCIAL SECURITY NO. _____	_____

### General Information

a. Have you ever been employed with the City of Shelby?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If yes, what department and when _____					
b. Are you related by blood or marriage to any City employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If yes, give name, relationship, and department _____					
c. Have you ever been convicted of a misdemeanor or felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
If yes, please explain _____					
NOTE: A conviction record will not necessarily exclude you from employment. Factors, such as age at the time of offense, rehabilitation efforts, how recent the offense was, and nature of the crime will be taken into consideration.					
d. Are you willing to work overtime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Weekends	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Holidays	Yes <input type="checkbox"/>	No <input type="checkbox"/>



## Employment

Record your complete work history in the spaces below. Begin with your current or most recent employer first. Attach as many sheets as is necessary to account for your full record. Be sure to account for gaps in your employment history. Related volunteer experience should also be listed.

### A. CURRENT OR MOST RECENT EMPLOYMENT

Job title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ No. of employees you supervise \_\_\_\_\_

Employer or company \_\_\_\_\_

Address \_\_\_\_\_

Date Employed \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Separated \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Main Duties \_\_\_\_\_

Full-time Years \_\_\_\_\_ Months \_\_\_\_\_ Part-time Years \_\_\_\_\_ Months \_\_\_\_\_

Reason for leaving \_\_\_\_\_

If part-time, number of hours worked per week \_\_\_\_\_

If currently employed, may we inquire of this employer about your qualifications and character? Yes  No

### B. NEXT MOST RECENT EMPLOYMENT

Job title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ No. of employees you supervise \_\_\_\_\_

Employer or company \_\_\_\_\_

Address \_\_\_\_\_

Date Employed \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Separated \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Main Duties \_\_\_\_\_

Full-time Years \_\_\_\_\_ Months \_\_\_\_\_ Part-time Years \_\_\_\_\_ Months \_\_\_\_\_

Reason for leaving \_\_\_\_\_

If part-time, number of hours worked per week \_\_\_\_\_

### C. NEXT RECENT EMPLOYMENT

Job title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ No. of employees you supervise \_\_\_\_\_

Employer or company \_\_\_\_\_

Address \_\_\_\_\_

Date Employed \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Separated \_\_\_\_/\_\_\_\_/\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Main Duties \_\_\_\_\_

Full-time Years \_\_\_\_\_ Months \_\_\_\_\_ Part-time Years \_\_\_\_\_ Months \_\_\_\_\_

Reason for leaving \_\_\_\_\_ If part-time, number of hours worked per week \_\_\_\_\_

**References**

List three (3) persons living in the United States who are **not related to you and who have a definite knowledge** of your ability to perform the job for which you are applying. **DO NOT REPEAT NAMES OF SUPERVISORS.**

(1) Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_

(2) Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_

(3) Name \_\_\_\_\_ Address \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_

**Post-offer of Employment Authorization (Read Carefully)**

I certify to the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly misrepresented or falsified any of the application information I may be disqualified for employment consideration or dismissed from employment with the City of Shelby.

I authorize my former employer to give any information regarding my employment. I have authorized them to release my records and discuss my work performance with representatives of the City of Shelby who are investigating the response provided herein.

I understand that proof of my eligibility for employment in the United States must be furnished before I begin work with the City of Shelby.

I understand that North Carolina state law requires male applicants for employment, 18 to 26, to register for military service. By signing below I certify that I am in compliance with state law.

I understand that my social security number will be kept confident and used only in accordance with federal, state and local Laws.

I understand that a post-offer of employment drug screening and physical are required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR DEPARTMENTAL USE ONLY**

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