

Town of Hudson EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Applications will be accepted only for positions for which the Town is recruiting and may be hand delivered to 550 Central Street or mailed to PO Box 457, Hudson, NC 28638-0457

www.townofhudsonnc.com

Fill out all sections **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 Town. An application must be received by 5 pm on the closing date posted to ensure consideration. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice." **APPLY IMMEDIATELY**.

CURRENT INFORMATION DATE: (1) POSITION TITLE (2) When will you be available for employment? (i.e. immediately, 2 weeks notice) (3) Are you seeking [] Full-time regular [] Part-time regular [] Temp./prefer regular [] Temporary Only (4) NAME:_____ (Last) (First) (Middle) (5) ADDRESS:__ Street & No. or P.O. Box State Town Zip)______ BUS. TELEPHONE # ()_____ (6) HOME TEL # (E-MAIL ADDRESS _____ (if applicable) (7) Are you 18 or older? [] Yes [] No If NO, what is your birth date? GENERAL INFORMATION If you need to explain any answer, use the space under EXPLANATIONS near the end of this application. (8) Apart from absences for religious observances, check conditions that you are willing to accept. [] weekend work [] overtime [] rotating shifts [] "on-call" [] weekend work [] overtime [] rotating shifts [] "on-call"] night work Regular: Frequent [] night work (9) Have you ever been employed with the Town of Hudson? [] Yes [] No If YES, what department and when: [] Yes [] No (10) Have you applied to the Town before? If YES, indicate what position and when: ____ (11) Are you willing to accept a salary within the advertised normal starting salary range? [] Yes [] No (12) Are you now or were you previously related in any way to a Town employee? [] Yes [] No If YES, give name, relationship and department: (13) Are you able to perform all of 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 U.S.? [] Yes [] No 15) Did you receive any of your education or employment experience under another name?

If YES, please explain under EXPLANATIONS.

EDUCATION Provide your complete history (16) Indicate highest school year completed: (i.e. 8, 12, 16) _____ (17) Name of High School ________Town ______State_____ (18) Have you received a high school diploma or equivalent? [] Yes [] No Education Attended Degree, Diploma, **Beyond** Name and Location From Did You Credit **Certificate Earned** Major **High School** Mo. Yr. Mo. Yr. Graduate? Hours or # of Yrs. Minor Yes No College(s) University(ies) Yes Graduate or No **Professional Schools** Yes **Technical** No Institutes, Internship, Other **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. Also indicate any software applications with which you have skill. (b)______(f)_____ (c)_____(g)___ (d) (h) REGISTRATIONS, LICENSES, CERTIFICATIONS (24)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 (25)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_____

(26)

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.

JOB TITLE	Starting Salary_	Last Salary
Date employed		
Employer or company	Tele	ephone # ()
Employer or company address		
Name and Title of most current supervis	sor	
Full-time for: Yrs Mos Part-time	ne for: Yrs Mos	# of employees supervised by you_
If you worked part-time, the number of h	nours worked per week	_
DUTIES IN ORDER OF IMPORTANCE		
DEASON FOR LEAVING or desiring a	phongo	
REASON FOR LEAVING or desiring a c		
B. NEXT MOST RECENT EMPLOYME	NT (or explain gap in employr	ment)
JOB TITLE	Starting Salary_	Last Salary
Date employed	Date Separated	
Employer or company		Telephone # ()
Employer or company address		
Name and Title of most current supervis	sor	
Full-time for: Yrs Mos Part-tim	ne for: Yrs Mos	# of employees supervised by you
If you worked part-time, the number of h	nours worked per week	_
DUTIES IN ORDER OF IMPORTANCE		
REASON FOR LEAVING or desiring a c	change	
C. NEXT MOST RECENT EMPLOYME	NT (or explain gap in employr	ment)
JOB TITLE	Starting Salary_	Last Salary
Date employed		
		Telephone # ()
Employer or company address		
Name and Title of most current supervis	sor	
Full-time for: Yrs Mos Part-tim	ne for: Yrs Mos	# of employees supervised by you
If you worked part-time, the number of h	nours worked per week	_
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DUTIES IN ORDER OF IMPORTANCE		

D. NEXT MOST RECENT EMPLOYMENT (or explain gap in emplo	yment)
JOB TITLE	Starting Salary	Last Salary
Date employed	Date Separated	
Employer or company		Telephone # ()
Employer or company address		
Name and Title of most current supervisor _		
Full-time for: Yrs Mos Part-time for	:: Yrs Mos	# of employees supervised by you
If you worked part-time, the number of hours	worked per week	<u> </u>
DUTIES IN ORDER OF IMPORTANCE		
REASON FOR LEAVING or desiring a change	je	
D. NEXT MOST RECENT EMPLOYMENT (or explain gap in emplo	yment)
JOB TITLE	Starting Salary	Last Salary
Date employed	Date Separated	
Employer or company		Telephone # ()
Employer or company address		
Name and Title of most current supervisor _		
Full-time for: Yrs Mos Part-time for	:: Yrs Mos	# of employees supervised by you
If you worked part-time, the number of hours	worked per week	<u> </u>
DUTIES IN ORDER OF IMPORTANCE		
REASON FOR LEAVING or desiring a chang	 1e	
(27) Have you had disciplinary action tal	ken against you in the	past 12 months? ? [] Yes [] No
(If YES, explain under EXPLANATIONS.		
(38) a Mayo you over been dismissed o	r forced to recian from	apvioh hold? I Voc I I No
(28) a.)Have you ever been dismissed o b.) Were you dismissed or force		
		YES will not automatically disqualify you.)
(29) May we contact your present emplo	ver for reference prior	to an interview (if granted)? [] Yes [] No
		I/A (). If NO, explain under EXPLANATIONS.

ITEM #		
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Certification and Release (MUST BE SIGNED AND DATED BELOW)

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- 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 disgualified 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 educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town; 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 to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background where related to the job for which I am applying.
- 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 using or 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, then I serve "at will". This means that I may be terminated at any time. I further understand that this "at will" employment relationship may not be changed by any written document unless such change is specifically approved by the Town Manager

SIGNATURE	DATE
SIGNATORE	DAIL

SUPPLEMENT TO HUDSON EMPLOYMENT APPLICATION

The Town of Hudson is an Equal Opportunity Employer. Please complete this form in order for us to comply with the reporting requirements of 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. POSIT	TION APPLIED FOR	l:		
NAME:_				
	Last	First		Middle
DATE O	F APPLICATION:_			
II. SEX:	(Please circle)	Male	Female	
III. ETHI	NIC CATEGORY: (Please circle)		
Black - (Hispanio origin reg Asian or Pacific Is	Origins in any of the c - Mexican, Puerto logardless of race. Pacific Islander - Galands.	Black racial groups Rican, Cuban, Cent Origins in the Far Ea	Europe, North Africa, or the North Africa. (Not Hispanic) ral, or South American or oth ast, Southeast Asia, the Indian any of the original peoples of	er Spanish Culture or n Subcontinent or the
HOW DI	Newspaper (speci Employment Secu Job Line Employment Intere Came to Municipa	ify): rity Commission est Card I Building	ndicate below by placing a che	

DRUG SCREENING

All **FINAL** applicants for high risk or safety sensitive positions (HRSS) must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

OVERTIME COMPENSATION AGREEMENT

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we generally allow the employee to choose between time off or pay for overtime worked. However, either is subject to supervisory approval and may be affected by budgetary constraints.

SELECTIVE SERVICE REGISTRATION						
If male and age 18 to	26, have you reg	istered for Selective Serv	vice?			
(Please circle)	Yes	No				
If not, you will have Federal law.	30 days to com	ply if selected for a po	sition as required by			
•	read and unders	BE SIGNED) tand the information co	•			
Name			Date			
Δ	n Faual Opportunit	v/Affirmative Action Employe	ar			

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