

**Town of Boone  
Application for Employment**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or any other legally protected status. **WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

**PLEASE PRINT**

Position Applied For	Date of Application		
How did you learn about us?			
Last Name	First Name	Middle Name	
Mailing Address	City	State	Zip Code
Telephone Number(s)	Work Number		
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give date:		
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give date:		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Federal law requires males age 18 through 25 to register with the Federal government to comply with the Military Selective Service Act. North Carolina GS 143B-421.1 prohibits local governments from employing any males who have not complied with the federal Selective Service Registration regulations. If this requirement pertains to you, have you complied with the Federal law? (Check the appropriate box to the right). Do not enter a response if the regulations do not apply. <input type="checkbox"/> Yes <input type="checkbox"/> No			
On what day would you be available for work?	Can you travel if a job required it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you available for work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary			
Have you been convicted of a felony within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			

**EDUCATION**

	Name & Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Other (Specify)				

Describe any specialized training, apprenticeship, skills, and extra curricular activities-Include Civilian or Military Training:

**EMPLOYMENT EXPERIENCE:** Start with your present or last job. Include any job-related military assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

**1.**

Employer		<b>Hourly Rate/Salary</b>		Work Performed
		Starting	Final	
Address				
Telephone Number(s)		<b>Dates Employed</b>		
		From	To	
Job Title	Supervisor			
Reason for Leaving:				

**2.**

Employer		<b>Hourly Rate/Salary</b>		Work Performed
		Starting	Final	
Address				
Telephone Number(s)		<b>Dates Employed</b>		
		From	To	
Job Title	Supervisor			
Reason for Leaving:				

**3.**

Employer		<b>Hourly Rate/Salary</b>		Work Performed
		Starting	Final	
Address				
Telephone Number(s)		<b>Dates Employed</b>		
		From	To	
Job Title	Supervisor			
Reason for Leaving:				

**IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.**

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

**ADDITIONAL INFORMATION**

**OTHER QUALIFICATIONS:** Summarize special job-related skills and qualifications acquired from employment or other experience.

**SKILLS:** Check the following skills, experiences, etc. which you have.

<input type="checkbox"/> Drivers License _____ Number State	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Legal Transcription
<input type="checkbox"/> Chauffeur's License _____ Number State	<input type="checkbox"/> Foreign Language (Specify)	<input type="checkbox"/> Medical Transcription
<input type="checkbox"/> Car for use at work	<input type="checkbox"/> Adding machine/calculator	<input type="checkbox"/> Braille
	<input type="checkbox"/> Typing (specify WPM)	<input type="checkbox"/> Word Processing
	<input type="checkbox"/> Shorthand/speedwriting	<input type="checkbox"/> Other _____

**NOTE TO APPLICANT:** DO NOT ANSWER THE QUESTIONS UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.  Yes  No

**REFERENCES**

Name	Address	Phone Number
1.		
2.		
3.		

I understand that falsified statements on this application are justification for refusal or termination of Town of Boone employment. I authorize investigation of my personal history and statements contained in this application as may be necessary in arriving at an employment decision. IF HIRED, I UNDERSTAND THAT ON THE FIRST DAY OF EMPLOYMENT I WILL HAVE TO PROVIDE TWO (2) PIECES OF IDENTIFICATION TO PROVE LEGAL ELIGIBILITY TO WORK IN THE UNITED STATES.

I understand that I am required to abide by all rules and regulations of the employer.

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

**Office Notes:**

**DISCLOSURE STATEMENT**

By this document, I disclose to the Town of Boone that a consumer credit report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during employment.

Please sign below to signify receipt of the foregoing disclosure.

APPLICANT'S SIGNATURE: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

DATE: \_\_\_\_\_

**APPLICANT'S AUTHORIZATION  
FOR RELEASE OF INFORMATION**

Please read carefully before signing:

I hereby authorize former employers to provide to the Town of Boone any information regarding my employment with them. I also authorize former employers and/or their designees to provide the aforementioned organization or their agent any and all information concerning my work performance or me. I also authorize personal references, other persons, companies, corporations, credit bureaus, schools, motor vehicle bureaus, military services and law enforcement agencies to furnish to the Town of Boone any information and records they may have concerning me including criminal background. In authorizing this investigation, I hereby release those individuals and/or companies who are parties thereto from any and all liabilities/responsibilities and damage resulting from and/or arising out of such investigation by the Town of Boone.

I understand that the Town of Boone is bound by DOT Regulations regarding my Commercial Driver's License (CDL), DOT Physicals and other medical examination compliances. It is my responsibility to be compliant. However, I also understand that the Town of Boone does periodically conduct audits to assist the employee in monitoring his/her ability and compliance for "fitness for duty." As a condition of employment, I agree to a release of information allowing the Town of Boone access to all town-funded medical records such as DOT Physicals, Worker's Compensation and other company-mandated examinations.

This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. Further information may be available upon written request within a reasonable time period.

I hereby authorize without reservation any party or agency contacted by this employer to furnish the above-mentioned information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Birth Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of Issuance

**PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

**PLEASE PRINT**

Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Last Name:	First Name:	Middle Name:
Address:		City, State, ZIP
Telephone Number(s):		
Referral Source: <input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Employee <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Government Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____		
<b>Complete Only the Sections Below That Have Been Checked</b>		
✓	Current Job:	
✓	Check One: <input type="checkbox"/> Female <input type="checkbox"/> Male	
✓	Check One of the Following (Ethnic Origin): <input type="checkbox"/> White <input type="checkbox"/> American/Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____	
✓	Check if Applicable: <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Individual	
✓	Date of Birth:	

**Statistical Data Record**

Employees are treated during employment without regard to race, color, religion, creed, gender, national origin, age, marital or veteran status, sexual orientation, or other legally protected status.

The purpose of this Data Record is to comply with government record keeping, reporting, and other requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.