

The Town of Cramerton

155 North Main Street Cramerton, North Carolina 28032 (704) 824-4337 www.cramerton.org

Application For Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, the presence of a medical condition or handicap, or any other legally protected status.

Applicant Information Last Name First Name Middle Name Street Address City State Zip Code Telephone Number(s) Social Security Number

Position Applying For

Position	Department	Date of Application				
VOLUNTEER CHAPLAIN	POLICE					
List any training, skills, or experiences you have that would be relevant to your qualification for this position						
If you are currently employed by the To transfer, fill out the following information		a new position or				
Current Position	Department	Date of Hire				
Reason for applying for new position or	transferring:					

General Questions

Are you over 18 years of age?	U Yes	I No			
If not, can you provide proof of your eligibility to work?	The Yes	🛛 No			
Have you ever been employed with The Town of Cramerton before?	U Yes	D No			
Are you currently employed?	Yes	🗋 No			
May we contact your current employer?	Yes	🗋 No			
Are you a United States citizen?	🗋 Yes	🗋 No			
If not, do you have work authorization?	🗋 Yes	🗋 No			
On what date would you be available for work? Date	2:				
Are you seeking: 🖵 Full time 📮 Part Time 📮 Temporary	y 🖵 Sea	asonal			
Are you currently on layoff status and subject to recall?	Y es	🗋 No			
Can you travel if a position requires it?	The Yes	🛛 No			
Have you been arrested or convicted of any criminal offenses other than minor traffic violations? (Arrests or convictions will not necessarily exclude you from employment. The nature, date, and job-relatedness of the arrest or conviction will be considered) If you have been arrested or convicted, please explain:					

Driver's License Information

Do you have a valid Driver's License?		└ Yes	└ No
5			
State in which Driver's License was issued:			
Driver's License Number:	Expiration Date	:	
	1	1.	
List any special certifications (such as CDL) that	you have on your	ficense:	
Please specify any moving violation citations rec	eived in the last 1	2 months.	
Theuse speenry any moving violation enations ree	erved in the fast f	2 1110111115.	

Education

Circle Highest Level Completed:													
K-12	1	2	3	4	5	6	7	8	9	10	11	12	GED
College	1	2	3	4									
Graduate School	1	2	3	4									

Schools	Name/Location	Grad.	Year	Major/Minor and Type of Degree
High School		Yes		
High School		No		
College or		Yes		
University		No		
Graduate or		Yes		
Professional		No		

Employment History (List your employment history starting with your current or last position held.)

Employer		Dates E	mployed	Work Performed / Job	
		From	То	Duties	
Address					
Telephone Number(s)		Hourly Ra	ate/Salary		
		Starting	Final		
Job Title	Supervisor				
Date Employed (mo/yr)	Date Separated (mo/yr)				
Reason for Separation	•				

Employer		Dates Employed		Work Performed / Job	
		From	То	Duties	
Address					
Telephone Number(s)		Hourly Rate/Salary			
		Starting	Final		
Job Title	Supervisor				
		-			
Date Employed (mo/yr)	Date Separated (mo/yr)				
Reason for Separation					

Employer		Dates E	mployed	Work Performed / Job	
			То	Duties	
Address					
Telephone Number(s)		Hourly Ra	ate/Salary		
		Starting	Final		
Job Title	Supervisor				
Date Employed (mo/yr)	Date Separated (mo/yr)				
Reason for Separation					

Employer		Dates E	mployed	Work Performed / Job	
		From	То	Duties	
Address					
Telephone Number(s)	Telephone Number(s)		ate/Salary		
			Final		
Job Title	Supervisor				
Date Employed (mo/yr)	Date Separated (mo/yr)				
Reason for Separation					

References

Please list name, address, and telephone number of three references who are not related to you, are not previous employers, and will talk openly with us about you.

	Name	Address	Telephone number
1.			
2.			
3.			

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements and information contained in this application for employment as may be necessary in arriving at an employment decision and specifically consent by signature below to review of my prior employment personnel files.

I understand that I will be required to undergo drug and alcohol screening upon an offer of employment and prior to my actual employment and that the confirmed presence of any illegal drugs in the urine sample will be cause for disqualifying me as an applicant.

I understand and acknowledge that my employment relationship with the Town will be "at will", which means that I may resign at any time and the Town may terminate my employment at any time with or without cause. I further understand that my "at will" employment relationship may not be changed by any written document or by conduct unless the Town Manager specifically authorizes such change in a binding written agreement.

In the event of employment, I understand that any false or misleading information given in my application or interviews may result in immediate discharge. I understand, also, that I am required to abide by all rules, regulations, and policies of the Town.

Signature of Applicant

Date