

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)



TOWN OF TRYON

301 N. TRADE ST.

TRYON, NORTH CAROLINA 28782

(828) 859-6654 ♦ FAX (828) 859-6653

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT OR TYPE)

PERSONAL INFORMATION						
						Date: _____
Name:						Driver's License Number: _____
LAST	FIRST	MIDDLE				
Present Address:						
STREET			CITY	STATE	ZIP	
Permanent Address:						
STREET			CITY	STATE	ZIP	
Phone Numbers:						
HOME		WORK			CELL/MOBILE	
E-Mail Address(es):						
Are you 18 years or older?						<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <small>(Proof of citizenship or immigration status will be required upon employment)</small>						<input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYMENT DESIRED						
Position:		Date You Can Start:		Salary Desired:		
Are you employed now?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If employed, may we contact your present employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
How did you hear about our opening?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Advertisement	Employment Agency	Friend	Relative	Walk-In Other:
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 by us before?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give date: _____ If yes, give position(s): _____			
Have you been convicted of a felony within the last 7 years?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain: _____			
<i>Conviction will not necessarily disqualify an applicant from employment.</i>						

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION	Name and Address of School	Course of Study	Years Completed	Diploma/Degree Date Received
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Attach additional sheets if necessary.

Indicate any foreign languages you can speak, read and / or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, certifications, licenses, apprentice ship, skills, special study, or research work.

Describe any extracurricular activities, athletic clubs, professional, trade, business, or civic organization memberships, activities, and offices held etc.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

US Military or Naval Service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Rank		Present Membership in the National Guard or Reserves?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job and proceed back. You may include any job-related military service assignments and volunteer activities.

1	Dates Employed (Month & Year)		Employer		Hourly Rate/Salary		Work Performed:
			Address		Starting	Final	
	From	To					
			Phone Number(s)				
			Job Title		Supervisor		
		Reason for Leaving					

2	Dates Employed (Month & Year)		Employer		Hourly Rate/Salary		Work Performed:
			Address		Starting	Final	
	From	To					
			Phone Number(s)				
			Job Title		Supervisor		
		Reason for Leaving					

3	Dates Employed (Month & Year)		Employer		Hourly Rate/Salary		Work Performed:
			Address		Starting	Final	
	From	To					
			Phone Number(s)				
			Job Title		Supervisor		
		Reason for Leaving					

4	Dates Employed (Month & Year)		Employer		Hourly Rate/Salary		Work Performed:
			Address		Starting	Final	
	From	To					
			Phone Number(s)				
			Job Title		Supervisor		
		Reason for Leaving					

5	Dates Employed (Month & Year)		Employer		Hourly Rate/Salary		Work Performed:
			Address		Starting	Final	
	From	To					
			Phone Number(s)				
			Job Title		Supervisor		
		Reason for Leaving					

Attach additional sheets if necessary.

Which of these jobs did you like best?			
What do you like most about this job?			
References: Give the names of three persons not related to you, whom you have known at least one year.			
	Name	Address & Phone Number	Business
1			Years Acquainted:
2			
3			

In Case of Emergency Notify:			
	Name	Address	Phone Number

APPLICANT’S STATEMENT

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. If employed, I agree to conform to the rules and regulations of the Town of Tryon.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Town of Tryon.

I understand that this application for employment shall be considered active for a period of time not to exceed six (6) months and any applicant wishing to be considered for employment beyond this time period should contact the Town Clerk.

Signature

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: YES <input type="checkbox"/> NO <input type="checkbox"/>		Date:	Interviewed by:
Remarks:			
Neatness:		Ability:	
Hired: YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of Employment:	Date Reporting to Work:	
Position:	Department:	Hourly Rate /Salary:	
APPROVED:	Signature	Title	Date
1. Department Head			
2. Town Manager			

NOTES: