



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
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 Town of Cramerton and are applying for a new position or transfer, fill out the following information:		
Current Position	Department	Date of Hire
Reason for applying for new position or transferring:		

General Questions

Are you over 18 years of age?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If not, can you provide proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever been employed with The Town of Cramerton before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
May we contact your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you a United States citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If not, do you have work authorization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
On what date would you be available for work?	Date: _____			
Are you seeking:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal
Are you currently on layoff status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Can you travel if a position requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If you have been arrested or convicted, please explain: 				

Driver's License Information

Do you have a valid Driver's License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State in which Driver's License was issued:	_____	
Driver's License Number: _____	Expiration Date: _____	
List any special certifications (such as CDL) that you have on your license: 		
Please specify any moving violation citations received in the last 12 months: 		

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											
		No											
College or University		Yes											
		No											
Graduate or Professional		Yes											
		No											

Employment History

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

Employer		Dates Employed		Work Performed / Job Duties
		From	To	
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 Employed		Work Performed / Job Duties
		From	To	
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 Employed		Work Performed / Job Duties
		From	To	
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 Employed		Work Performed / Job Duties
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	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