



TOWN OF FOREST CITY APPLICATION FOR EMPLOYMENT

THE TOWN OF FOREST CITY IS AN EQUAL OPPORTUNITY EMPLOYER

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information, or any other legally protected status.

ANSWER ALL QUESTIONS – PLEASE PRINT OR TYPE

Position(s) Applied For: _____ Date: _____
 ___ Full Time ___ Part Time ___ Seasonal

How Did You Learn About Us? ___ Town Employee ___ Employment Security Commission ___ Town Website
 ___ Social Media ___ Friend ___ Other (please specify) : _____

Name: _____ SSN: _____
 Last First Middle Last 4 digits

Address: _____
 Number Street City State Zip Code

Telephone: (____) _____ - _____ (____) _____ - _____ (____) _____ - _____
 Home Cell Other (Please specify: _____)

Email address: _____

EDUCATION (Give complete educational history below)

Circle highest grade completed: 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	Dates Attended	Graduate?	Major/Minor	Degree Type
High School		From: _____ To: _____	___ Yes ___ No		
College University		From: _____ To: _____	___ Yes ___ No		
Graduate or Professional		From: _____ To: _____	___ Yes ___ No		
Other educational, vocational school, internships, etc.		From: _____ To: _____	___ Yes ___ No		

DRIVER'S LICENSE INFORMATION

Do you possess a valid driver's license? ☐ Yes ☐ No

If yes, please give the following:

License Number: _____ State Issued: _____ Expiration Date: ____/____/____
month day year

Is your driver's license a commercial license? ☐ Yes (indicate class: _____) ☐ No

Note: Most positions require a valid driver's license.

KNOWLEDGE, SKILLS, & ABILITIES

Please list your knowledge, skills, or abilities that are applicable to the position for which you are applying. List any licenses, certifications, or equipment you can operate. _____

Have you ever been convicted of a felony? If YES, please explain below. NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, length of time since the offense, and nature of the crime will be taken into consideration. ☐ No ☐ Yes (please explain): _____

CONTROLLED SUBSTANCE TESTING

Controlled substance testing is required prior to the finalization of the selection process for employment, promotion, or transfer. Further information will be provided at the appropriate time in the selection process. A confirmed positive drug test will result in disqualification for employment, promotion, or transfer, and may be grounds for dismissal if already employed.

Scheduling information will be provided at the appropriate time.

In accordance with Americans with Disabilities Act, the Town of Forest City will consider reasonable accommodation if requested.

OVERTIME POLICY AND AGREEMENT FOR NON-EXEMPT POSITIONS

Consistent with the provisions contained in the 1985 amendments to the FAIR LABOR STANDARDS ACT, it is the Town's policy to compensate non-exempt employees for overtime work with compensatory time off, when possible, in lieu of overtime pay.

If I am employed in a non-exempt position, I agree to accept, at the discretion of the Town, either compensatory time off or overtime pay, as appropriate compensation for overtime work that I may be required to perform as an employee of the Town of Forest City.

FOR MALES AGE 18 THROUGH 25 ONLY

Males who are 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Services Act. State law prohibits local governments from employing anyone who has not complied with this requirement.

Please indicate if you have registered for Selective Service: ☐ Yes ☐ No

EMPLOYMENT DATA

In the space below, give your employment history beginning with your present or most recent employer and list all positions held, including military, part-time, seasonal, summer, and significant volunteer work. Details on any period of unemployment must be included. If additional space is needed, please print an additional data sheet, or use a sheet of paper.

Current or Last Employer: _____

Address: _____

Job Title: _____

Supervisor Name: _____ # Supervised by You: _____

Job Duties: _____

Reason for leaving: _____

Date Employed (mo/yr): ____/____

Date Separated (mo/yr): ____/____

Full Time (years/months): ____/____

Part Time (years/months): ____/____

Starting salary: _____

Ending salary: _____

May we Contact Employer? __ Yes __ No

Employer: _____

Address: _____

Job Title: _____

Supervisor Name: _____ # Supervised by You: _____

Job Duties: _____

Reason for leaving: _____

Date Employed (mo/yr): ____/____

Date Separated (mo/yr): ____/____

Full Time (years/months): ____/____

Part Time (years/months): ____/____

Starting salary: _____

Ending salary: _____

May we Contact Employer? __ Yes __ No

Employer: _____

Address: _____

Job Title: _____

Supervisor Name: _____ # Supervised by You: _____

Job Duties: _____

Reason for leaving: _____

Date Employed (mo/yr): ____/____

Date Separated (mo/yr): ____/____

Full Time (years/months): ____/____

Part Time (years/months): ____/____

Starting salary: _____

Ending salary: _____

May we Contact Employer? __ Yes __ No

Have you had disciplinary action taken against you in the past 12 months? __ Yes __ No

If yes, please explain: _____

a) Have you ever been dismissed or forced to resign from any job held? __ Yes __ No

b) Were you dismissed or forced to resign for disciplinary reasons? __ Yes __ No

If yes to A or B, please explain: _____

PERSONAL DATA

Are you a citizen of the United States? ___ Yes ___ No

If no, please indicate the country of which you are a citizen and your alien registration number.

Do you have any relatives currently employed by the Town of Forest City? ___ Yes ___ No

If yes, who, in what position, and in what department are they employed? What is the relationship?

REFERENCES

Please list three references who are not related to you and who have knowledge of your work. Do not repeat the names of supervisors listed in the Employment Data Section of this application.

Reference 1

Name: _____

Contact Number: (____) ____ - ____

Relationship: _____

Reference 2

Name: _____

Contact Number: (____) ____ - ____

Relationship: _____

Reference 3

Name: _____

Contact Number: (____) ____ - ____

Relationship: _____

Certification and Release (MUST BE SIGNED AND DATED BELOW)

- 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 disqualified for employment consideration or dismissed from employment with the Town.
- I also permit the Town of Forest City 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 and acknowledge that should I be employed by the Town of Forest City, 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 documents unless such change is specifically approved by the Town Manager.

Signature of Applicant (unsigned applications will not be processed)

Date

Applications may be dropped off or mailed to 128 N. Powell Street, Forest City, NC 28043.

Applications may also be emailed to HR@townofforestcity.com. For questions or additional support, please contact HR at 828.202.2234.