City of Hendersonville 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 4 Digits of Social Security Number				
Last Name	First	Name	Middle Name				
Mailing Address			City	State	Zip Cod	le	
Telephone Number(s)		Work Number				
If you are under 18 y	ears of age, can you pro	ovide requi	red proof of your eligibility to work? Yes No				
Have you ever filed a Yes No	n application with us b	efore?	If yes, give date:				
Have you ever been e Yes No	employed with us before	e?	If yes, give date:				
Are you currently em	ployed? Yes 1	No	May we c	ontact your present emp	ployer? Yes No	D	
	om lawfully becoming e or immigration status wi		n this country because of Visa or Immigration Status? red upon employment. Yes No				
On what day would y	you be available for wor	rk?	Can you travel if a job required it? Yes No				
Are you available for work: Full Time Part Tim			ime	1 5			
Have you been convi	cted of a felony within	the last 7 y	ears? Ye	es No If yes, plea	se explain:		
EDUCATION							
	Name & Address of School	Course	of Study	Years Completed	Diploma/ Degree		
Elementary School							
High School							
Undergraduate College							
Other (Specify)							
Describe any speciali Military Training:	zed training, apprentice	eship, skills	, and extra	curricular activities-Inc	lude Civilian or		

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.

Revised 3/12/10

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

2.

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

3.

Employer		Hourly Rate/Salary		Work Performed
		Starting	Final	
Address				
Telephone Number(s)		Dates Employed		
		From	То	
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:

1.

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				
STATED: Check the following skins,	experiences, etc. which you have.				
Drivers License	Sign Language	Legal Transcription			
Number State	Foreign Language (Specify)	Medical Transcription			
		1			
Car for use at work Adding machine/calculator Braille					
Typing (specify WPM) Word Processing					
	Shorthand/speedwriting	Other			
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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 City of Hendersonville 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.

Δ	nnl	licant	Sig	nature:_
A	μμ	licalit	SIE	mature

Date:_

Office Notes:

City of Hendersonville Human Resources Department Release of Information Waiver

I, ______, having been selected as an applicant for review relating to appointment as a City of Hendersonville employee, do waive my right to privacy relating to any background investigation conducted on behalf of the City of Hendersonville for the purpose of appointment. I hereby grant the Director of Human Resources or his/her designee of the City of Hendersonville access to my personnel, financial or any other pertinent employment or personal information, which, in sole discretion of the City of Hendersonville may have a bearing on my ability to perform the duties required of a City of Hendersonville employee. I understand that any person contacted relating to this subsequent background investigation will be provided with a copy of this waiver and the original will be available for examination from the Human Resources Department at the City of Hendersonville City Hall.

Applicant Signature

Witness

Special Note: If you are applying for a position with the Hendersonville Police Department please complete Police Department Application Supplement for your application to be considered further.

Police Department Application Supplement

1. Please check the position applied for:

	Civilian Positions: Telecommunicator	Sworn Positions: Police Officer			
	Reserve Telecommunicator	Reserve Police Officer			
	Records Clerk				
	Administrative Assistant				
	Parking Enforcement				
	School Crossing Guard				
2.	2. Are you a U.S. Citizen? (You must be a U.S. Citizen to work for the Police				

3. Have you ever been convicted of a FELONY or a serious MISDEMEANOR? If ves explain

Yes

No

yes, explain. 4. If applying for a sworn position: a. Are you currently North Carolina Basic Law Enforcement Training (BLET) certified? Yes No

i. If Yes

Department.)

- 1. Date certified _____
- 2. Name of accredited school _____
- 3. What agency, if any, is holding your certification
- b. If not certified and you are currently enrolled in BLET, what is your estimated graduation date?
- 5. Have you ever used any type of illegal drugs? If yes, list all illegal drugs you have used and when was the last time you used each drug.