



TOWN OF NASHVILLE APPLICATION FOR EMPLOYMENT

The Town of Nashville is an Equal Opportunity Employer.

NOTICE TO APPLICANT: We appreciate your interest in employment with the Town of Nashville. Please complete the entire application thoroughly and accurately. Resumes are not accepted in lieu of an application, however one may be attached to a completed application.

PERSONAL INFORMATION

NAME (LAST, FIRST, MIDDLE)		DATE OF APPLICATION			
MAILING ADDRESS - STREET		CITY	STATE	ZIP CODE	COUNTY
PERMANENT ADDRESS - STREET		CITY	STATE	ZIP CODE	COUNTY
HOME PHONE NUMBER	WORK PHONE NUMBER		ALTERNATE PHONE NUMBER		
DRIVER'S LICENSE NUMBER		STATE			
ARE YOU 18 YEARS OF AGE OR OLDER? ____ YES ____ NO			DO YOU HAVE RELATIVES WORKING WITH THE TOWN? ____ YES ____ NO		
HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST THE LAW OR FORFEITED COLLATERAL, OR ARE YOU NOW UNDER CHARGES OF ANY OFFENSE AGAINST THE LAW? ____ YES ____ NO					
NOTE: A conviction does not automatically mean you cannot be appointed. The nature of the offense and how recently you were convicted will be evaluated in relation to the position for which you are applying.					
IF YOUR ANSWER IS YES, PLEASE GIVE DETAILS BELOW. FOR EACH OFFENSE LIST THE DATE, CHARGE, LOCATION, COURT AND DISPOSITION. USE AN ADDITIONAL SHEET IF NECESSARY.					
1)					
2)					
3)					

EMPLOYMENT DESIRED

POSITION/TYPE OF WORK	DATE AVAILABLE TO START	SALARY DESIRED
DO YOU WANT TO WORK ____ FULL TIME ____ PART TIME	HAVE YOU EVER WORKED FOR THE TOWN OF NASHVILLE BEFORE? ____ YES ____ NO	
IF PART TIME, SPECIFY DAYS AND HOURS	HOW DID YOU LEARN OF THIS OPENING?	

EDUCATION HISTORY

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	COURSE OR MAJOR
High School			
College or University			
Graduate or Professional			
Other Trade, Business, Vocational, Etc.			
GED	____ YES ____ NO	DATE RECEIVED	

LIST ANY SPECIAL TRAINING PROGRAMS AND SEMINARS YOU HAVE COMPLETED:

IF THE JOB APPLIED FOR CALLS FOR SPECIFIC COURSES, INDICATE THOSE COURSES TAKEN AND CREDITS RECEIVED:		
CURRENT PROFESSIONAL STATUS: (LIST FIELDS OF WORK FOR WHICH YOU HAVE BEEN REGISTERED)		
REGISTRATION	STATE	NO.
REGISTRATION	STATE	NO.
MEMBERSHIP IN PROFESSIONAL, HONORARY, OR TECHNICAL SOCIETIES (LIST):		

GENERAL INFORMATION

LIST EQUIPMENT, WHICH YOU CAN OPERATE, THAT RELATES TO THE POSITION APPLIED FOR:
DESCRIBE ANY OTHER EXPERIENCES, SKILLS OR QUALIFICATIONS WHICH YOU FEEL WOULD BE IMPORTANT TO INCLUDE:

MILITARY HISTORY

HAVE YOU EVER SERVED IN THE ARMED FORCES OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF APPLICABLE, GIVE DATES OF YOUR MILITARY SERVICE:			
ENTERED	SEPARATED	BRANCH	RANK AT SEPARATION
LIST DUTIES IN THE SERVICE, INCLUDING SPECIAL TRAINING, APPLICABLE TO THIS POSITION:			

FOR MALES AGES 18 THROUGH 25 ONLY

Males who are 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Service Act. State law prohibits local government from employing anyone who has not complied with this requirement. Please indicate if you have registered for Selective Service: YES NO

WORK HISTORY

BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT. Use an additional sheet if necessary.

CURRENT OR LAST EMPLOYER:		ADDRESS:	
JOB TITLE:		SUPERVISOR'S NAME:	TELEPHONE NUMBER
FULL TIME OR PART TIME:		REASON FOR LEAVING:	MAY WE CONTACT EMPLOYER?
DATE EMPLOYED (MO/YR):		TYPE OF WORK OR MAJOR DUTIES:	
DATE SEPARATED (MO/YR):			
STARTING SALARY:	ENDING SALARY:		
CURRENT OR LAST EMPLOYER:		ADDRESS:	
JOB TITLE:		SUPERVISOR'S NAME:	TELEPHONE NUMBER
FULL TIME OR PART TIME:		REASON FOR LEAVING:	MAY WE CONTACT EMPLOYER?
DATE EMPLOYED (MO/YR):		TYPE OF WORK OR MAJOR DUTIES:	
DATE SEPARATED (MO/YR):			
STARTING SALARY:	ENDING SALARY:		
CURRENT OR LAST EMPLOYER:		ADDRESS:	
JOB TITLE:		SUPERVISOR'S NAME:	TELEPHONE NUMBER
FULL TIME OR PART TIME:		REASON FOR LEAVING:	MAY WE CONTACT EMPLOYER?
DATE EMPLOYED (MO/YR):		TYPE OF WORK OR MAJOR DUTIES:	
DATE SEPARATED (MO/YR):			
STARTING SALARY:	ENDING SALARY:		

CURRENT OR LAST EMPLOYER:		ADDRESS:	
JOB TITLE:		SUPERVISOR'S NAME:	TELEPHONE NUMBER
FULL TIME OR PART TIME:		REASON FOR LEAVING:	MAY WE CONTACT EMPLOYER?
DATE EMPLOYED (MO/YR):		TYPE OF WORK OR MAJOR DUTIES:	
DATE SEPARATED (MO/YR):			
STARTING SALARY:	ENDING SALARY:		

PERSONAL REFERENCES: Give the names of three personal references. Do not give names of relatives or former employers.

Name	Address	Telephone	Occupation	Years known

I hereby certify that the answers given by me to the foregoing questions and the statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application or any supplements thereto, is cause for rejection of my application or discharge at any time during my employment. Furthermore, I understand that the Town of Nashville is an at-will employer. I voluntarily authorize my former employers, schools and persons named herein to give information regarding my qualifications. I hereby release said organizations or persons from any liability or damages whatsoever. I also authorize a background investigation to be carried out. It is understood that the use of this form does not indicate that there are any position openings and does not in any way obligate the Town of Nashville.

Applicant's Signature

Date

NOTICE TO APPLICANTS

The Town of Nashville is an Equal Opportunity Employer. It is the policy of the Town of Nashville not to discriminate on the basis of race, color, sex, national origin, disability, age, creed, religion, political affiliation or marital status in any employment decision.

The Town of Nashville is a Drug Free Workplace for all employees. It is the policy of the Town of Nashville to ensure that its employees are free from the effects of alcohol and drugs. All applicants selected for employment must satisfactorily pass a drug screening. Those applicants with a confirmed positive test for drugs or alcohol will not be hired.

RETURN APPLICATIONS TO:
Human Resources Department
Town of Nashville
P.O. Drawer 987
499 South Barnes Street
Nashville, NC 27856
Phone (252) 459-4511
Fax (252) 459-8926