



TOWN OF WEST JEFFERSON

Employment Application

Thank you for applying for employment with the Town of West Jefferson. Employment applications may be mailed to: Town of West Jefferson Human Resources, PO Box 490, West Jefferson, NC 28694 or hand delivered to 01 S. Jefferson Avenue, West Jefferson, NC. To view an online version of this application, please visit our website at www.townofwj.com.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:

- Apply for only one vacancy per application.
- Complete ALL sections of the application that apply to you – incomplete & unsigned portions of the application will not be accepted.
- Give complete information on your education and work history (“see resume” is not acceptable).
- List separately each job held and your duties for each position when you worked for one employer and held more than one position.
- Check for accuracy.

EQUAL EMPLOYMENT INFORMATION

The Town of West Jefferson is an Equal Opportunity Employer. We do not practice or condone discrimination, in any form, against employees or applicants on the grounds of race, creeds, color, national origin, religion, sex, age, political affiliation, mental or physical abilities.

NAME: _____

DATE OF APPLICATION: _____

POSITION APPLYING FOR:

Please state the specific title of the job for which you are applying.

APPLICATION FOR EMPLOYMENT



(Social Security Number for record keeping and data processing only)

First Name	Middle Name	Last Name	Social Security Number
Mailing Address		City	State
Zip Code	Primary Phone	Other Phone	Date of Birth

Military Service

- Have you served honorably in the Armed Forces of the United States on active duty or reasons other than training?
 Yes No
- Type of discharge or separation: _____
- Are you a member of the Military Reserves? Yes No Branch: _____ Rank: _____

Enter the earliest date you could begin work (mo/day/yr) _____

- Have you ever filed an application with the Town of West Jefferson? Yes No
- Have you ever been employed with the Town of West Jefferson? Yes No
- Are you related in any way to a current Town employee? Yes No

-If yes give name, relationship, and department: _____

Education

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 (Mo/Yr- Mo/Yr)	Graduate?	Major/Minor
High School				
College/University				
Graduate/Prof.				
Other Education/ Schools Attended, Internships, etc.				

REGISTRATIONS, LICENSES, CERTIFICATIONS

List fields of work for which you have been registered, licensed or certified:

Registration: _____ State: _____ No: _____ Exp. Date: _____

Registration: _____ State: _____ No: _____ Exp. Date: _____

Other: _____

Driver's License Number: _____ State: _____

Commercial Driver's License Class: _____ Number: _____ State: _____

SKILLS- Please list any knowledge, skills or abilities you have that you feel are applicable to the position for which you are applying. Include knowledge of equipment, machines, typing, software programs, etc.

- Have you ever been convicted of an offense against the law other than a minor traffic violation? Yes No

If yes, explain fully: _____

WORK HISTORY (include any volunteer experience) Use additional sheets if necessary

Current or Last Employer		Address		
Job Title		Supervisor's Name	Telephone Number	No. Supervised by You
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job			
Full Time Years Months				
Part Time Years Months				
If part time, number of hrs. worked per week				
Employer		Address		
Job Title		Supervisor's Name	Telephone Number	No. Supervised by You
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job			
Full Time Years Months				
Part Time Years Months				
If part time, number of hrs. worked per week				

WORK HISTORY Use additional sheets if necessary

Employer		Address		
Job Title		Supervisor's Name	Telephone Number	No. Supervised by You
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job			
Full Time Years Months				
Part Time Years Months				
If part time, number of hrs. worked per week				

DRUG/ALCOHOL FREE WORKPLACE

DRUG SCREENING THROUGH URINALYSIS- APPLICANT CONSENT

1. I understand that as part of the pre-employment process as required by the Town of West Jefferson, I **MUST** submit to a urinalysis drug screening.
2. I hereby voluntarily consent to and authorize this test for the purpose of screening for the presence of illegal and unauthorized drugs.
3. I hereby authorize the release of the results of this test to the Town of West Jefferson officials.
4. I will notify the specimen collector concerning all current and recent use by me of prescription and over-the-counter medications at the time of the urine test.
5. I understand:
 - a. That a negative result from this screening is a condition of employment.
 - b. That refusal to take the test will result in my no longer being considered as a candidate for employment in the position sought
 - c. That I may request a retest, at my own expense, of the same sample in the event of a positive test result.

Applicant Signature (Required): _____

Date: _____

REFERENCES

Give name, telephone number , and years known of three references who are not related to you and are not previous employers.

Name	Telephone Number	Years Known
1.		
2.		
3.		

- Have you had disciplinary action taken against you in the past 12 months? Yes No
If yes, explain: _____
- Have you ever been dismissed or forced to resign from any job held? Yes No
If yes, explain: _____

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 of West Jefferson.
- If authorized by indicating so on this application, I hereby release my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degree or certificates earned, to the Town of West Jefferson; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the Town receives from an employer or educational institution under a promise of confidentiality.
- I also permit the Town of West Jefferson 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 West Jefferson, 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 document or by conduct unless such change is specifically approved by the Town Manager.

APPLICANT SIGNATURE _____

DATE _____

Resumes and cover letters may be submitted with this application for supplemental information.

Thank you for applying with the Town of West Jefferson.

Your application will remain on file for a period of two years from the date of the application.



**Town of West Jefferson
PO Box 490, 01 S. Jefferson Ave.
West Jefferson, NC 28694
Phone: 336-246-3551
Fax: 336-246-4409
www.townofwj.com**