TOWN OF MACCLESFIELD EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Applications may be mailed to TOWN OF MACCLESFIELD, P. O. Box 185, or hand delivered to 105 N. Railroad Street Macclesfield, NC 27852

Fill out all sections **COMPLETELY** and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. **Unsigned or incomplete applications will not be considered**. Once submitted, application materials become the property of the Town. An application must be received in Town Hall by 5 pm on the closing date posted to ensure consideration. The Town does **not** accept FAXED applications. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," **APPLY IMMEDIATELY**.

CURRENT INFORMATION

If YES, please explain under EXPLANATIONS.

<u> </u>	*************************************			
(1) POSITION TITLE			DATE: _	
(2) When will you be	available for employmer	nt? (i.e. immediately, 2 we	eks' notice)	
(3) Are you seeking	[] Full-time regular	[] Part-time regular	[] Temp./prefer regular [] Te	emporary Only
(4) NAME:	(Last)			
	(Last)	(First)	(Middle)	
(5) ADDRESS: Stree	t & No. or P.O. Box	Town	State	Zip
(6) HOME TEL # ()	BUS. TELEF	PHONE # ()	_
MOBILE TEL#		E-MAIL ADDRESS		
(7) Are you 18 or old	er?[]Yes[]No If NO	D, what is your birth date?		
If you need to explain a		under EXPLANATIONS near	• •	
(8) Apart from absen	ces for religious observa	nces, check conditions the	at you are willing to accept.	
Occasional: Regular: Frequent	[] night work	eekend work [] overtime	[] rotating shifts [] "on-call" [] rotating shifts [] "on-call" [] rotating shifts [] "on-call"	
		OWN OF MACCLESFIELD	D?[]Yes []No	
	d to the TOWN OF MAC ate what position and wh	CLESFIELD before? en:	[]Yes []No	
(11) Are you willing to	o accept a salary within t	he advertised normal star	ting salary range? [] Yes []	No
		ted in any way to a Town odepartment:	employee? [] Ye	es []No
(13) Are you able to	perform all of the duties	of the job you have applied	d for? [] Yes []	No
(14) Are you an Ame	rican citizen or do you cu	urrently have the authoriza	ation to work in the U.S.?[] Yes	[] No
15) Did you receive a	any of your education or	employment experience u	nder another name?[] Yes [] No

EDUCATION

Provide your complete history

(17) N	lame of High	School		Tow	n		State	
		eived a high school diploma						
Beyo	cation ond School	Name and Location	F	ended rom . Mo. Yr.	Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Majo Mino
	ege(s) ersity(ies)				Yes No			
	uate or essional ools				Yes No			
	nical tutes, nship, Other				Yes No			
oositic	on, indicate ty	skills with equipment or ma ping speed and word proc	essing softwa	re package (e)_	es known and/c	or used.	for a secretarial/cler	
(c) (d)				(g)_				
REC	GISTRA'	TIONS, LICENS	ES. CER					
24)		of work for which you have						
	Registratio	n:	State:	No:			Exp. Date:	
	Registratio	n:	State:	No:			Exp. Date:	
	Other:							
25)		your VALID DRIVER'S LI eense, please put "NONE" i						ave a
(26)		ver's license a Commercial icate the class_	Driver's Licen	se? [] Y	es []No			

EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable). "See attached resume" is NOT acceptable in the duties space.

Date employed	A. CURRENT OR MOST RECENT	EMPLOYMENT (or expl	ain gap in employment)	
Date Separated	JOB TITLE	Sta	rting Salarv	Last Salarv
Employer or company address Name and Title of most current supervisor Full-time for: Yrs	Date employed	Date Separated		-
Employer or company address Name and Title of most current supervisor Full-time for: Yrs Mos Part-time for: Yrs Mos # of employees supervised by you If you worked part-time, the number of hours worked per week DUTIES IN ORDER OF IMPORTANCE REASON FOR LEAVING or desiring a change B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment) JOB TITLE Starting Salary Last Salary Elephone # (Employer or company	•	Telephone # (_	
Name and Title of most current supervisor If you worked part-time, the number of hours worked per week	Employer or company address			
If you worked part-time, the number of hours worked per week		sor		
REASON FOR LEAVING or desiring a change B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment) JOB TITLE Starting Salary Last Salary_ Date employed Date Separated Full-time for: Yrs. Mos # of employees supervised by you_ DUTIES IN ORDER OF IMPORTANCE Starting Salary Last Salary_ Employer or company address Name and Title of most current supervisor Full-time for: Yrs. Mos Part-time for: Yrs. Mos # of employees supervised by you_ DUTIES IN ORDER OF IMPORTANCE Starting Salary Last Salary_ Date employed Salary Salary Salary Last Salary_ Date employer or company address Name and Title of most current supervisor Full-time for: Yrs. Mos # of employees supervised by you_ If you worked part-time, the number of hours worked per week_ DUTIES IN ORDER OF IMPORTANCE REASON FOR LEAVING Telephone # () Employer or company address Name and Title of most current supervisor Full-time for: Yrs. Mos # of employees supervised by you_ If you worked part-time, the number of hours worked per week_ DUTIES IN ORDER OF IMPORTANCE REASON FOR LEAVING Date Separated Salary Last Salary_ Date employed Date Separated Salary Last Salary_ Find the fore Yrs. Mos # of employment) JOB TITLE Starting Salary Last Salary_ Date employer or company address Name and Title of most current supervisor Full-time for: Yrs. Mos # of employees supervised by you_ Find the fore Yrs. Mos Part-time for: Yrs. Mos # of employees supervised by you_ Find the fore Yrs. Mos Part-time for: Yrs. Mos # of employees supervised by you_ Find the fore Yrs. Mos Part-time for: Yrs. Mos # of employees supervised by you_ Find the fore Yrs. Mos Part-time for: Yrs. Mos # of employees supervised by you_ Find the fore Yrs. Mos Part-time for: Yrs. Mos # of employees supervised by you_ Find the fore Yrs. Mos Part-time for: Yrs. Mos # of employees supervised by you_ Find the fore Yrs. Mos Part-time for: Yrs. Mos # of employees supervised by you_ Find the fore Yrs. Mos # of employees supervised by you_ Find the Yrs. Mos # of employees supervised by you_ Find the Yrs. Mos # of				sed by you
REASON FOR LEAVING or desiring a change				
B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment) JOB TITLE	DUTIES IN ORDER OF IMPORTAN	ICE		
JOB TITLE	REASON FOR LEAVING or desiring a c	change		
Date employed	B. NEXT MOST RECENT EMPLOY	MENT (or explain gap i	n employment)	
Date employed	JOB TITLE		Starting Salary	Last Salarv
Employer or company address Name and Title of most current supervisor Full-time for: Yrs	Date employed	Date Separated		
Employer or company address Name and Title of most current supervisor Full-time for: Yrs Mos Part-time for: Yrs Mos # of employees supervised by you If you worked part-time, the number of hours worked per week DUTIES IN ORDER OF IMPORTANCE REASON FOR LEAVING C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment) JOB TITLE Starting Salary Last Salary Date employed Date Separated Telephone # () Employer or company address Name and Title of most current supervisor Full-time for: Yrs Mos Part-time for: Yrs Mos # of employees supervised by you If you worked part-time, the number of hours worked per week DUTIES IN ORDER OF IMPORTANCE Starting Salary Last Salary REASON FOR LEAVING Starting Salary Last Salary Last Salary Starting Salary Starting Salary Last Salary Starting Salary	Employer or company		Telephone # (_	
Name and Title of most current supervisor Full-time for: Yrs.	Employer or company address		. ,	
If you worked part-time, the number of hours worked per week	Name and Title of most current supervis	sor		
REASON FOR LEAVING C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment) JOB TITLE Starting Salary Last Salary Date employed Date Separated Telephone # () Employer or company address Mos # of employees supervised by you If you worked part-time, the number of hours worked per week DUTIES IN ORDER OF IMPORTANCE Starting Salary Last Salary Date employed Date Separated Telephone # () Employer or company Telephone # () Employer or company address Telephone # () Employer or company address Telephone # () Telephone # () Employer or company address Telephone # () Full-time for: Yrs Mos # of employees supervised by you If you worked part-time, the number of hours worked per week DUTIES IN ORDER OF IMPORTANCE # of employees supervised by you If you worked part-time, the number of hours worked per week DUTIES IN ORDER OF IMPORTANCE # of employees supervised by you If you worked part-time, the number of hours worked per week DUTIES IN ORDER OF IMPORTANCE # of employees supervised by you If you worked part-time, the number of hours worked per week DUTIES IN ORDER OF IMPORTANCE	Full-time for: Yrs Mos Part-tin			sed by you
C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment) JOB TITLE	If you worked part-time, the number of h DUTIES IN ORDER OF IMPORTAN	ours worked per week ICE		
C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment) JOB TITLE				
C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment) JOB TITLE	REASON FOR LEAVING			
Employer or company			,	Last Salary
Employer or company address Name and Title of most current supervisor Full-time for: Yrs Mos Part-time for: Yrs Mos # of employees supervised by you If you worked part-time, the number of hours worked per week DUTIES IN ORDER OF IMPORTANCE REASON FOR LEAVING D. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment) JOB TITLE Starting Salary Last Salary Date employed Date Separated Employer or company address Telephone # () Employer or company address Telephone # of employees supervised by you If you worked part-time, the number of hours worked per week DUTIES IN ORDER OF IMPORTANCE # of employees supervised by you If you worked part-time, the number of hours worked per week DUTIES IN ORDER OF IMPORTANCE	Employer or company	Date Separated	Tolophono # (,
Name and Title of most current supervisor Full-time for: Yrs.	Employer or company address			
Full-time for: Yrs Mos Part-time for: Yrs Mos # of employees supervised by you	Name and Title of most current supervis	enr		
If you worked part-time, the number of hours worked per week	Full-time for: Yrs. Mos Part-tir	ne for: Yrs. Mos	# of employees supervi	sed by you
D. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment) JOB TITLE Starting Salary Last Salary_ Date employed Date Separated Employer or company address Name and Title of most current supervisor Full-time for: Yrs Mos Part-time for: Yrs Mos # of employees supervised by you If you worked part-time, the number of hours worked per week DUTIES IN ORDER OF IMPORTANCE	If you worked part-time, the number of h	ours worked per week		
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Employer or company				
Employer or company	JOB LITLE	D	Starting Salary	Last Salary
Employer or company	Date employed	Date Separated		,
Name and Title of most current supervisor	Employer or company		ı elepnone # (_	
Full-time for: Yrs Mos Part-time for: Yrs Mos # of employees supervised by you If you worked part-time, the number of hours worked per week DUTIES IN ORDER OF IMPORTANCE				
If you worked part-time, the number of hours worked per week DUTIES IN ORDER OF IMPORTANCE	Full-time for: Vre Mos Port tin	ne for: Vre Mos	# of employees supervi	sed by you
	If you worked part-time, the number of h	ours worked per week		
	DEACON FOR LEAVING			_

E. NEXT MOST RECENT EMPLOYMENT (or explain the gap in employment)

SIGNATURE____

JOB TITLE		Starting Salary	Last Salarv
Date employed	Date Separated	<u> </u>	
Employer or company		Telephone # ()	
Employer or company address			
Name and Title of most current	supervisor		
Full-time for: Yrs Mos	Part-time for: Yrs Mos	# of employees supervised b	y you
If you worked part-time, the num	nber of hours worked per week		
REASON FOR LEAVING			
F. NEXT MOST RECENT EN	MPLOYMENT (or explain gap in	employment)	
JOB TITLE	Date Separated	Starting Salary	Last Salary
Date employed	Date Separated		
Employer or company	· -	Telephone # ()_	
Employer or company address _			
Name and Title of most current	supervisor _ Part-time for: Yrs Mos		
If you worked part-time, the num	Part-time for: Yrs Mos hber of hours worked per week ORTANCE	<u></u>	
REASON FOR LEAVING			
If YES, explain unde (28) a) Have you ever been of b) Were you dismiss	ry action taken against you in the r EXPLANATIONS. (A YES will not dismissed or forced to resign from ed or forced to resign for disciplinexplain under EXPLANATIONS. (A	ot automatically disqualify you n any job held? [] Yes ary reasons? [] Yes	i.) [] No [] No
	esent employer for reference prior tly employed, please check here t		
EXPLANATIONS ITEM #			
ITEM #			
ITEM #			
ITEM #			
Certification and Relea	ASE (MUST BE SIGNED AND DA	ATED BELOW)	
• To the best of my knowledge a	and belief, the information given truly repre	esents my background and experience	
	falsified or omitted any information during n, I may be disqualified for employment co		
I authorize my current and form	ner employers to give any information regards whatsoever for issuing the same.		
	stitutions which I attended to reveal my sch	holastic ratings, as well as degrees o	r certificates earned, to the TOWN OF
	s, registration, and licensing boards, and to of State or Federal law, I expressly waive a promise of confidentiality.		
	ACCLESFIELD to conduct a Police, Court,	, Credit and/or Motor Vehicle Record	s Investigation of my background
I understand that if I apply or harmonic	ave applied for certain jobs, I may be teste the testing and understand that the result		nine if I am currently using or abusing
 I understand and acknowledge terminated at any time. I furthe 	that should I be employed by the TOWN r understand that this "at will" employment ally approved by the Town Administrator.	OF MACCLESFIELD, then I serve "a	

DATE____

SUPPLEMENT TO TOWN OF MACCLESFIELD EMPLOYMENT APPLICATION

The TOWN OF MACCLESFIELD is an Equal Opportunity Employer. Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be separate from your employment application. Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. It will be maintained in personnel files which must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of state general statutes.

I. POSIT	TION APPLIED FOR	₹:		
NAME:_	Last	Firs	t	Middle
DATE O	F APPLICATION:_			
II. SEX:	(Please circle)	Male	Female	
III. ETHI	NIC CATEGORY: (Please circle)		
Black - O Hispanio or origin Asian or the Pacif	Origins in any of the c - Mexican, Puerto regardless of race. Pacific Islander - ic Islands.	Black racial grou Rican, Cuban, C Origins in the Fa	of Europe, North Africa, o ups of Africa. (Not Hispani tentral, or South American, r East, Southeast Asia, the as in any of the original peo	ic) , or other Spanish Culture e Indian Subcontinent, or
HOW DII	Newspaper (speci Employment Secu Job Line Employment Intere Came to Municipa	ify): rity Commission est Card I Building	: (Indicate below by placing	

DRUG SCREENING

All **FINAL** applicants for high-risk or safety-sensitive positions (HRSS) must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

OVERTIME COMPENSATION AGREEMENT

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we generally allow the employee to choose between time off or pay for overtime worked. However, either is subject to supervisory approval and may be affected by budgetary constraints.

OLLEGITY L OLIVIN	CE REGISTRATION	
If male and age 18 t	o 26, have you regist	tered for Selective Service?
(Please circle)	Yes	No
If not, you will have 3 law.	30 days to comply if	selected for a position as required by Federal
CERTIFICATION (T	HIS FORM MUST B	F SIGNED)
-		<u>L GIONED</u>)
•	e read and understo	nood the information contained on this form, and have done so truthfully to the best of my
complied with the in-	e read and understo	ood the information contained on this form
complied with the in-	e read and understo	ood the information contained on this form

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