



TOWN OF ABERDEEN

Employment Application

Thank you for applying for employment with the Town of Aberdeen. **PLEASE NOTE:** We accept Employment Applications only when there is an advertised job opening. Employment Applications may be mailed to: Town of Aberdeen Human Resources, PO Box 785, Aberdeen, NC 28315 or hand delivered to 115 N. Poplar Street, Aberdeen, NC. To view a listing of our current job vacancies, please visit our web site at www.townofaberdeen.net. The Town of Aberdeen wants to find the best qualified people available to serve its citizens. Although everyone who applies cannot be hired, your application will be given every consideration.

IMPORTANT INFORMATION

The Town of Aberdeen employs only U.S. citizens or aliens who can provide proof of identity and work authorization within three working days of employment. A complete list of acceptable identification will be provided to you by Human Resources upon employment. Males subject to military selective service registration must certify compliance to be eligible for employment.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:

Apply for only one vacancy per application.

Complete all sections of application – incomplete applications 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.

Sign and date application.

EQUAL EMPLOYMENT INFORMATION

The Town of Aberdeen is an Equal Opportunity Employer. We do not practice or condone discrimination, in any form, against employees or applicants on the grounds of race, creed, color, national origin, religion, sex, age, political affiliation or mental or physical abilities except where physical or mental abilities, sex, or age are legitimate occupational qualifications.

POSITION APPLYING FOR

Enter below the specific title of the job for which you are applying. Please list only one job on each application.

APPLICATION FOR EMPLOYMENT

(Social Security Number for Record Keeping and Data Processing Only)

Town of Aberdeen
PO Box 785, 115 N. Poplar Street
Aberdeen, NC 28315
Phone: 910-944-1115
Fax: 910-944-7459

Date of Application _____

Social Security Number	Last Name	First Name	Middle Name
Address (Street number and name)		City	County
State	Zip Code	Home Phone	Business Phone

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

Have you been convicted of a felony within the last 7 years? YES NO
 If yes, please explain: _____

CHECK the types of work you will accept: 1. Permanent full-time 2. Permanent part-time 3. Temporary full-time 4. Temporary part-time
 5. Any of the preceding 6. Work involving Travel

If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____

Have you ever filed an application with the Town of Aberdeen? YES NO If yes, give date: _____
 Have you ever been employed with the Town of Aberdeen? YES NO If yes, give date: _____
 Are you now or were you previously related in any way to a Town employee? YES NO
 If yes, give name, relationship, and department: _____

Education
 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
 Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (mo/yr) From To	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course	Type of Degree
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College University			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>			

Special training programs and seminars you have completed in the last five years (list):

If the job(s) 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): _____ _____	<p>DO NOT COMPLETE THIS BLOCK</p> <p>DEGREES AND PROFESSIONAL CREDENTIALS</p> <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (G.S. 126-30) Person Responsible: _____
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Licenses and certifications (List, giving dates and sources of issuance):

SKILLS

CHECK the following skills, experiences, etc., which you have:

- | | | | |
|--|--------------------------|---|--|
| <input type="checkbox"/> Driver's License | Number _____ State _____ | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Microsoft Excel |
| <input type="checkbox"/> CDL License | Number _____ State _____ | <input type="checkbox"/> Foreign language (specify) _____ | <input type="checkbox"/> Microsoft Word |
| <input type="checkbox"/> Car for use at work | | <input type="checkbox"/> Adding Machine/calculator | <input type="checkbox"/> Web Site Design |
| | | <input type="checkbox"/> Typing (specify WPM) _____ | <input type="checkbox"/> Computer Skills (specify) _____ |
| | | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> Other _____ |

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) YES NO (If yes, explain fully on an additional sheet.)

WORK HISTORY (include 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 hours 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	
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 hours 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	
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 hours worked per week				

OVERTIME COMPENSATION AGREEMENT

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we allow employees to either take time off with pay or be paid for overtime worked. Whichever method is used is subject to supervisory approval and/or may be affected by budgetary constraints.

**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 Aberdeen, 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 Town of Aberdeen 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: _____

Date: _____

If you are below 18 years of age:

Signature of Consenting Parent/Legal Guardian: _____

REFERENCES

Give name, address, and telephone numbers of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

HOW DID YOU LEARN OF THIS OPENING? Check sources below.

- Newspaper (which one) _____
- Employment Security Commission
- Town of Aberdeen Website
- Referred by Current Employee
- Other: _____

CERTIFICATION AND RELEASE – This application MUST be signed and dated below to be considered.

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

Applicant Signature: _____ Date: _____

Thank you for applying with the Town of Aberdeen

