

Town of Clayton
Human Resources
111 East Second Street
P.O. Box 879
Clayton, NC 27528
(919) 553-5002
www.townofclaytonnc.org



Application for Employment

The Town of Clayton welcomes and appreciates your interest in employment with the Town. This Application for Employment is designed to gather information to evaluate your qualifications for the position for which you are applying. You must complete this application thoroughly and accurately to ensure your application is given full consideration.

Please submit a separate application for each position. Photocopies of the application may be submitted with current date, position desired and an original signature. However, you are responsible for making sure the information on your photocopied application is current. A personal resume may supplement, but is not a substitute for, completing in detail this Employment Application. You must complete all parts of the Employment Application in order for your application to be considered.

The Human Resources Department reviews and refers completed applications to the Town Departments. The department with the open position decides whom to interview and makes the selection decision from the applications referred.

Applicants for employment are subject to the Town of Clayton's Drug and Alcohol Testing Policy. The purpose of the policy is to promote and maintain a drug free environment in the workplace and to protect employees and the public by insuring that Town employees are fit to perform their assigned duties. An applicant shall be denied employment if his/her drug test is confirmed positive. An applicant who refuses to consent to a drug test will be denied employment.

The Town of Clayton is an Equal Opportunity Employer. As we strive to maintain a diverse workforce, the Town of Clayton encourages all qualified persons to apply without regard to race, color, ethnicity, sex, gender, age, religious affiliation, disability or any other characteristic protected by law.

Have you ever been convicted of a violation of the law? If Yes, please explain:

Yes No

Note: A conviction record will not necessarily disqualify you for employment. Rather, such factors such as date of conviction, seriousness and nature of crime and rehabilitation will be considered.

Did you receive any of your education or employment under another name?
If Yes, please give the name and the applicable dates: _____

Yes No

Are you currently employed?

Yes No

May we contact your present employer for references?

Yes No

If you are under 18 years of age, can you provide required Proof of your eligibility to work?

Yes No

Education

Please give your complete education history.

High School Name _____ City _____ State _____

Have you received a high school diploma or equivalent?

Circle highest school year completed

Yes No

1 2 3 4 5 6 7 8 9 10 11 12

<i>Name and Location</i>		<i>Number of Years Completed</i>	<i>Degree or Diploma</i>	<i>Major Subject</i>
Education Beyond High School				
Business College or University				
Graduate, Professional, Other				

Skills, Certifications

List any Professional Registrations/Licenses/Certifications (example: CPA, EMT, CPR, Licensed Electrician):

List any training, classes or workshops you attended that are related to the position applied for: _____

Typing/ Word Processing _____ WPM

List office equipment you can operate:

List computer systems/software programs you can use effectively:

Do you have a commercial driver's license?

Yes No

License Number: _____

State: _____ Exp. Date: _____

Class A Class B Class C

Operation of

Automotive Equipment:

Trucks/ Dump Trucks Yes No

Backhoe Yes No

Front End Loader Yes No

Other _____

Employment History

Record your complete work history in the spaces below. Begin with your current or most recent employer first. Attach sheets as necessary to account for your full record. Be sure to explain any gaps in your employment history. Related volunteer experience should also be listed. You may exclude volunteer experience that may reveal race, color, ethnicity, sex, gender, age, religious affiliation, disability or other protected status.

A.

Employer:	Address:	Phone #:
	Name and Title of Supervisor:	Number Supervised By You:
Job Title:	Starting Salary: \$ _____ per	Ending Salary: \$ _____ per
Date Employed:	Duties:	
Date Separated:		
Reason for leaving:		

B.

Employer:	Address:	Phone #:
	Name and Title of Supervisor:	Number Supervised By You:
Job Title:	Starting Salary: \$ _____ per	Ending Salary: \$ _____ per

Date Employed:	Duties:
Date Separated:	Reason for leaving:

C.

Employer:	Address:	Phone #:
	Name and Title of Supervisor:	Number Supervised By You:
Job Title:	Starting Salary: \$ per	Ending Salary: \$ per
Date Employed:	Duties:	
Date Separated:	Reason for leaving:	

D.

Employer:	Address:	Phone #:
	Name and Title of Supervisor:	Number Supervised By You:
Job Title:	Starting Salary: \$ per	Ending Salary: \$ per
Date Employed:	Duties:	
Date Separated:	Reason for leaving:	

E.

Employer:	Address:	Phone #:
	Name and Title of Supervisor:	Number Supervised By You:
Job Title:	Starting Salary: \$ per	Ending Salary: \$ per
Date Employed:	Duties:	
Date Separated:	Reason for leaving:	

F.

Employer:	Address:	Phone #:
	Name and Title of Supervisor:	Number Supervised By You:

Job Title:	Starting Salary: \$ per	Ending Salary: \$ per
Date Employed:	Duties:	
Date Separated:	Reason for leaving:	

G.

Employer:	Address:	Phone #:
	Name and Title of Supervisor:	Number Supervised By You:
Job Title:	Starting Salary: \$ per	Ending Salary: \$ per
Date Employed:	Duties:	
Date Separated:	Reason for leaving:	

REFERENCES

Give name, address, and telephone number of two business references that are not related to you.

1.

2.

I certify that all of the information provided by me on this application or otherwise is accurate and complete. I also authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that if I have knowingly misrepresented or falsified any of the application information, I may be disqualified for employment consideration or dismissed from employment with the Town.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Town of Clayton is of an "at-will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this at-will-employment relationship may not be changed by any written documentation or by conduct unless an authorized executive of the Town of Clayton specifically acknowledges such change in writing.

I authorize my current and former employers and business references to release any information regarding my employment along with any information regarding me, whether or not such information is explicitly contained in written records. I hereby release them from any damage whatsoever for issuing such information. I authorize educational institutions which I attend to reveal my scholastic rating, as well as degree or certificates earned, to the Town of Clayton. Notwithstanding any provision of state or federal Law, I expressly waive any right I have to review information the Town receives from any employer, business reference or educational institution under a promise of confidentiality.

I authorize the Town of Clayton to perform a Police and Records check of my background and driving history. I also authorize, if necessary for the position, a credit check, pre-employment drug screening, and a physical or psychological examination. If such information is required, an offer of employment is conditioned on a satisfactory credit check, pre-employment drug screening, and a physical or psychological examination.

I understand that North Carolina state law requires male applicants for state employment, ages 18 to 26, to register for military selective service as a condition of employment, unless the applicant is otherwise excluded from selective service under the law. By signing below I certify that I am in compliance with state law.

Signature _____ **Date** _____

For Departmental Use Only
