

CITY OF LUMBERTON APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: PLEASE READ EACH ITEM CAREFULLY. BE SURE TO GIVE ACCURATE AND COMPLETE INFORMATION. FAILURE TO DO SO MAY RESULT IN THE REJECTION OF YOUR APPLICATION.

A separated completed application must be submitted for each position for which you are applying. **APPLICATIONS ARE ACCEPTED FOR POSTED VACANCIES ONLY.** A resume may be attached in addition to a completed application.

1. _____ 2. Month _____ Day _____ Year _____
Position Applying for: _____ Date of Application: _____

3. _____
Last Name: _____ (Nickname) _____ First _____ Middle Initial _____

4. _____
Address: Street _____ City _____ State _____ Zip Code _____

5. _____ 6. _____
Telephone Number(s) _____ E-mail Address: _____

7. Do you have any relatives employed by the City of Lumberton?

Name: _____ Dept: _____ Relationship: _____

8. Have you been employed with the City before?

If yes, please give position(s) and date(s) of employment

<u>Position Held</u>	<u>Date Employed</u>
_____	_____
_____	_____

9. Are you seeking: Part time Employment Full time Employment

In Accordance with Section 16-129 of the City's Personnel Ordinance, any applicant who is offered a position with the City of Lumberton must submit to a Urinalysis Drug Screening. A Negative result from this screening is a condition of employment. Refusal to submit to the screening or a positive result will be grounds for applicant being denied employment with the City of Lumberton.

10. EDUCATION

Name and Address Of School	Course of Study	Years Completed	Diploma/Degree Year Received
Elementary School			
High School			
University			
Graduate Professional			

11. ADDITIONAL INFORMATION

Describe any equipment that you can operate, specialized training, apprenticeship, skills, and/or extra-curricular activities which are relevant to the job you applying for:

OTHER QUALIFICATIONS

List professional, trade, business, or civic activities and offices held. You may exclude membership which would reveal your gender, race, age, religion, national origin, disability, or other protected status:

SPECIALIZED SKILLS – Check all that apply:

_____ Typewriter/Keyboard Correct WPM	Data Base Programs Type: _____
_____ Calculator	Spread Sheet Programs Type: _____
_____ Computer	Word Processing Type: _____

List any additional Skills or Qualifications:

EMPLOYMENT HISTORY

Start with your present job. Include any job related Military Service assignments and volunteer activities. Mailing address and phone number for each employer must be submitted in order for your application to be processed. An additional sheet may be attached if necessary.

May we contact your present employer? YES
NO

Name of Employer: _____

Address: _____ Phone Number: _____

Employment Date: From _____ To _____ Reason for Leaving: _____

Full Time: _____ Part-Time: _____ if Part-Time, number of hours per week: _____

Job Title: _____ Name and Title of Supervisor: _____

Starting Salary : _____ Ending Salary : _____

Job Duties (Be specific): _____

Name of Employer: _____

Address: _____ Phone Number: _____

Employment Date: From _____ To _____ Reason for Leaving: _____

Full Time: _____ Part-Time: _____ if Part-Time, number of hours per week: _____

Job Title: _____ Name and Title of Supervisor: _____

Starting Salary : _____ Ending Salary : _____

Job Duties (Be specific): _____

Name of Employer: _____

Address: _____ Phone Number: _____

Employment Date: From _____ To _____ Reason for Leaving: _____

Full Time: _____ Part-Time: _____ if Part-Time, number of hours per week: _____

Job Title: _____ Name and Title of Supervisor: _____

Starting Salary : _____ Ending Salary : _____

Job Duties (Be specific): _____

REFERENCES

List three persons, other than relatives or past employers, **WHO HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS OR YOUR CHARACTER.** MAILING ADDRESS AND PHONE NUMBER FOR EACH REFENCE MUST BE SUBMITTED IN ORDER FOR OUR APPLICATION TO BE PROCESSED.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS	NO. YEARS ACQUAINTED
1. _____	_____	_____
<u>Phone Number</u>	_____	_____
2. _____	_____	_____
<u>Phone Number</u>	_____	_____
3. _____	_____	_____
<u>Phone Number</u>	_____	_____

On what date would be available for work? _____

I understand that, if I am employed, I will be on probation for a period of six months (one year probationary period for Police Officers), and during that time I will be subject to discharge as stated in the City Personnel Ordinance concerning probationary employees.

Signature of Applicant _____ Date: _____

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PLEASE RETURN TO:
City of Lumberton
Human Resources Department
500 N. Cedar Street – P.O. Box 1388
Lumberton, North Carolina 28359
Phone: 910-671-3832 – (No facsimiles please)
Website: www.ci.lumberton.nc.us

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FOR OFFICE USE ONLY:

DATE REQUESTED	COMPLETED	INITIAL
Date Application Received		
Driver’s License Verified		
Date of Interview		
Criminal History		
Driver’s History		
Reference Letters		
Pre-employment Drug Screen		
Physical Exam		
Pre-employment Psychological		
Agility Test		

CITY OF LUMBERTON

NOTICE TO APPLICANT: The requested information is a part of a Conditional Offer of Employment. It will be used to conduct a thorough background check to determine your suitability for employment. It will also be used for reporting purposes in accordance with Equal Employment Opportunity Commission requirement.

Name: _____ Last 4 digits of SSN: _____ Date: _____

A. ETHNIC BACKGROUND – PLEASE CHECK

_____ American Indian _____ Spanish Surname
_____ Black _____ White
_____ Oriental _____ Other (Specify) _____

B. SEX – PLEASE CHECK

_____ Male _____ Female

Birth Date: _____
 Month Day Year

C. DO YOU HAVE A VALID DRIVER'S LICENSE?

 YES NO Type/Class _____

Driver's License Number: _____ State _____ Expires: _____

Are you a citizen of the United States? YES NO

 If no, give country of which you are a citizen and your alien registration number:

Have you been convicted of a felony within the past 7 years? YES NO

(Conviction will not necessarily disqualify an applicant from employment). If yes, please explain:

The City of Lumberton has a commitment to diversity in the workforce. Applications are welcomed from all individuals including women, minorities, and the disabled. In compliance with the Americans with Disabilities Act of 1990, the City will provide a qualified applicant or employee, with a disability, a reasonable accommodation that does not impose undue hardship upon the City. If assistance is needed, please advise any member of the Human Resources Department Staff.

Authorization for Release of Records

In order to determine my suitability as a _____, the City of Lumberton Human Resources Director will conduct or cause to be conducted a comprehensive personal background investigation.

I, _____, do hereby authorize any military organization, physician, insurance company, educational institution, governmental agency, bank or credit agency, former or present employer and any other person or entity to furnish to the City of Lumberton Human Resources Director or Designee any and all available information requested pertaining to me. I hereby release any and all persons from any civil or criminal liability whatsoever for releasing information pursuant this Authorization for Release of Records.

Furthermore, I specifically authorize the City of Lumberton Human Resources Director to disclose any information obtained, discovered, or possessed by the City of Lumberton as may be required or authorized by law. I further authorize disclosures by the City of Lumberton Human Resources Director of any information in his possession to the extent that such disclosure is made to another employer as needed or requested for employment purposes. A copy of this authorization and release shall be accepted as authorization for the release of information.

Printed Name (Last, First, M.I.)

Last 4 digits of SS#

Applicant's Signature

Date

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State of North Carolina

County of Robeson

I, _____, a Notary Public in and for said County and State do hereby certify that _____ personally appeared before me this day and acknowledged that due execution of the foregoing instrument in writing for the purposes therein expressed.

Witness my hand and notary seal, this the _____ day of _____, 20____.

Notary Public

My Commission Expires: _____