

Human Resources Director  
 Town of Knightdale  
 950 Steeple Square Court  
 Knightdale, North Carolina 27545

**TOWN OF KNIGHTDALE**  
**APPLICATION FOR EMPLOYMENT**  
 (PLEASE PRINT)

OFFICE: (919) 217-2220  
 FAX: (919) 217-2229  
 personnel@ci.knightdale.nc.us

**PERSONAL DATA**

SOCIAL SECURITY NUMBER		FIRST NAME	MIDDLE NAME	LAST NAME
XXX	XX			
ADDRESS (Street Number and Name)		CITY	STATE	ZIP CODE
PHONE (Home or Office Number Where You Can Be Reached)		EMAIL ADDRESS		
( )				

**AVAILABILITY**

- Have you ever filed an application with us before?  Yes  No If YES, give date
- When are you available to begin employment?
- Check the types of work you will accept:
  - Regular Full Time  Regular Part Time  Weekends
  - Temporary Full Time  Temporary Part Time  Any of the above
  - Rotating Shifts  Night Work
- Position Applied For \_\_\_\_\_

POSITION TITLE

**EDUCATION**

	HIGH SCHOOL					VOCATIONAL/ TECHNICAL SCHOOL		COLLEGE/ UNIVERSITY				GRADUATE/ PROFESSIONAL			
School Name and Location															
Years Completed	9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	GED <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
List Credit Hours Received: (S) - Semester (Q) - Quarter															
Diploma/Degree Received															
Course of Study															

**TRAINING**

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

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

List internships, specific courses, workshops, training and/or rotations you may have had that relate to the position you are applying for. Include credit hours or CEU's if applicable.

# EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job. Include periods of unemployment, self-employment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application.

May we contact your present employer?    Yes    No

<b>1</b>	Employer: (Present or most recent)	Address:	Phone No.:
	Job Title:	Name of Supervisor:	No. Supervised by You:
	Date Employed: (mo/yr)	Starting Salary: \$      per	Ending Salary: \$      per      Reason for Leaving:
	Date Separated: (mo/yr)	Job Duties: (Be specific)	
	<input type="checkbox"/> Full-time      # Years      # Months		
	<input type="checkbox"/> Part-time      # Years      # Months		
	If part-time, number of hours per week		

<b>2</b>	Employer: (Present or most recent)	Address:	Phone No.:
	Job Title:	Name of Supervisor:	No. Supervised by You:
	Date Employed: (mo/yr)	Starting Salary: \$      per	Ending Salary: \$      per      Reason for Leaving:
	Date Separated: (mo/yr)	Job Duties: (Be specific)	
	<input type="checkbox"/> Full-time      # Years      # Months		
	<input type="checkbox"/> Part-time      # Years      # Months		
	If part-time, number of hours per week		

<b>3</b>	Employer: (Present or most recent)	Address:	Phone No.:
	Job Title:	Name of Supervisor:	No. Supervised by You:
	Date Employed: (mo/yr)	Starting Salary: \$      per	Ending Salary: \$      per      Reason for Leaving:
	Date Separated: (mo/yr)	Job Duties: (Be specific)	
	<input type="checkbox"/> Full-time      # Years      # Months		
	<input type="checkbox"/> Part-time      # Years      # Months		
	If part-time, number of hours per week		

<b>4</b>	Employer: (Present or most recent)	Address:	Phone No.:
	Job Title:	Name of Supervisor:	No. Supervised by You:
	Date Employed: (mo/yr)	Starting Salary: \$      per	Ending Salary: \$      per      Reason for Leaving:
	Date Separated: (mo/yr)	Job Duties: (Be specific)	
	<input type="checkbox"/> Full-time      # Years      # Months		
	<input type="checkbox"/> Part-time      # Years      # Months		
	If part-time, number of hours per week		



## GENERAL INFORMATION

- Do you work for the Town of Knightdale?  No  Yes  
If yes, are you:  Regular  Temporary
  - Are you a former employee of the Town of Knightdale?  No  Yes  
If yes, please indicate: Department: \_\_\_\_\_ Date separated: \_\_\_\_\_
  - Are you related by blood or marriage to any person currently employed by the Town of Knightdale?  No  Yes  
If yes, please indicate: Name: \_\_\_\_\_ Department: \_\_\_\_\_ Relationship: \_\_\_\_\_
  - Are you legally eligible to work in the United States?  No  Yes
  - If you are subject to Selective Service registration, are you in compliance?  No  Yes
  - Have you ever been convicted of any unlawful offense, other than a minor traffic violation?  No  Yes  
If yes, please explain:
- NOTE:** A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.
- Do you have a valid driver's license?  No  Yes

## REFERENCES

List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying such as co-workers, teachers, etc. DO NOT repeat the names of supervisors previously listed.

Name

Address

Phone

## CERTIFICATE OF APPLICANT

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. In addition, I give the following Authorization to Release Information. I hereby authorize my previous employers, personal references listed, and other persons or institutions shown on my application to provide the Town of Knightdale any information requested. I further authorize the Town of Knightdale to conduct a Police and Court Records investigation of my background. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed. I understand that if I have any outstanding Town and Wake County taxes at the time I am hired, my wages will be subject to immediate garnishment by the Town. **I further understand that, if employed in a grant-funded position, my continued employment is contingent upon availability of funds and my position will be abolished when the grant expires unless alternate funding is secured.**

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

## BEFORE SUBMITTING YOUR APPLICATION, PLEASE CHECK TO SEE IF YOU HAVE:

1. Listed the correct position title.
2. Listed your phone number correctly or a number where you can be reached.
3. Given complete information on your education, training and work experience.
4. Signed and dated your application. Unsigned applications will not be processed.

**AN EQUAL OPPORTUNITY EMPLOYER**

## EMPLOYMENT HISTORY CONTINUATION SHEET

7	Employer: (Present or most recent)		Address:		Phone No.:	
	Job Title:		Name of Supervisor:		No. Supervised by You:	
	Date Employed: (mo/yr)	Starting Salary: \$      per	Ending Salary: \$      per	Reason for Leaving:		
	Date Separated: (mo/yr)		Job Duties: (Be specific)			
	<input type="checkbox"/> Full-time      # Years      # Months <input type="checkbox"/> Part-time      # Years      # Months If part-time, number of hours per week					

8	Employer: (Present or most recent)		Address:		Phone No.:	
	Job Title:		Name of Supervisor:		No. Supervised by You:	
	Date Employed: (mo/yr)	Starting Salary: \$      per	Ending Salary: \$      per	Reason for Leaving:		
	Date Separated: (mo/yr)		Job Duties: (Be specific)			
	<input type="checkbox"/> Full-time      # Years      # Months <input type="checkbox"/> Part-time      # Years      # Months If part-time, number of hours per week					

9	Employer: (Present or most recent)		Address:		Phone No.:	
	Job Title:		Name of Supervisor:		No. Supervised by You:	
	Date Employed: (mo/yr)	Starting Salary: \$      per	Ending Salary: \$      per	Reason for Leaving:		
	Date Separated: (mo/yr)		Job Duties: (Be specific)			
	<input type="checkbox"/> Full-time      # Years      # Months <input type="checkbox"/> Part-time      # Years      # Months If part-time, number of hours per week					

10	Employer: (Present or most recent)		Address:		Phone No.:	
	Job Title:		Name of Supervisor:		No. Supervised by You:	
	Date Employed: (mo/yr)	Starting Salary: \$      per	Ending Salary: \$      per	Reason for Leaving:		
	Date Separated: (mo/yr)		Job Duties: (Be specific)			
	<input type="checkbox"/> Full-time      # Years      # Months <input type="checkbox"/> Part-time      # Years      # Months If part-time, number of hours per week					

## APPLICANT EEO INFORMATION

Please fill out the following section in order for the Town to comply with Equal Employment Opportunity laws. The Town is an Equal Employment Opportunity Employer and will not use this information for employment decisions. This information will be separated from your application and will be maintained in confidential files.

1. Name of Applicant:

2. Date of Application:

3. Position Applied for:

4. Date of Birth:

5. Sex  Male  Female

6. Veteran Status  Yes  No

7. Disability Status  Yes  No

8. Racial group with which you identify

White (this category includes persons of Arabian descent)

Black (this category includes Jamaicans, Bahamians and other Caribbeans of Africa but not Hispanic or Arabian descent)

Hispanic (includes persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture)

Asian and Asian American (includes Pakistanis, Indians and Pacific Islanders)

American Indian (includes Alaskan natives)

9. Highest Education Level Completed

Less than 8<sup>th</sup> grade

College Graduate

Completed 8<sup>th</sup> grade

Attended Graduate School

Attended High School

Master's Degree

High School Graduate or equivalent

Graduate Study Beyond Master's Requirements

Attended College and/or Associate Degree

PhD or Professional Degree

10. How did you hear about this job?

Ad in the N & O

Ad in another publication- Please specify the publication \_\_\_\_\_

Town of Knightdale employee referral

Town of Knightdale website

Other- Please specify \_\_\_\_\_