



City of Goldsboro Employment Application



P.O. Drawer A
Goldsboro, NC 27533
Telephone: (919) 580-4357
Job Hotline: (919) 580-4296
www.ci.goldsboro.nc.us

PERSONAL

DATE: _____

1. Position Applied For: _____

2. Name (as appears on Social Security Card): _____
LAST FIRST MIDDLE

3. Address: _____
Street or P.O. Box City State Zip

4. Telephone: (____) _____ Cell Phone (____) _____

5. Have you ever been employed by the City of Goldsboro? ____Yes ____No

If YES: _____
Department Position Held Dates Supervisor

6. Do you have relatives (by blood or marriage) currently working with the City of Goldsboro? ____Yes ____No

If YES, what relationship? _____ Name of Relative _____

7. Do you have any relatives currently serving as a City of Goldsboro official? ____Yes ____No

If YES, what relationship? _____ Name of Relative _____

8. Have you been convicted of a felony within the last 7 years? (Conviction will not necessarily disqualify for employment)
____YES ____NO If YES, Explain _____

9. Do you have a valid driver's license? ____YES ____NO If YES, what state? _____ DL# _____

10. Do you need any accommodations to perform the job applied for? ____Yes ____No
If YES, Please explain: _____

11. If hired, on what date will you be available to start work? _____

MILITARY SERVICE

12. Were you in the Armed Forces? ____YES ____NO If YES, what branch? _____

13. Dates of Duty: From: _____ To: _____ Type of Discharge: _____

14. List duties in the service, including special assignments: _____

EDUCATION & TRAINING

Please provide your complete history

15. Indicate the highest grade you completed in school. 1 2 3 4 5 6 7 8 9 10 11 12
16. Name of High School _____ City _____ State _____
17. If you did not graduate, have you obtained a GED certificate? YES NO

| EDUCATION BEYOND HIGH SCHOOL | NAME & ADDRESS | DATES | GRADUATED Y (YES) OR N (NO) | COURSE OR MAJOR |
|------------------------------|----------------|-------|-----------------------------|-----------------|
| College or University | | | | |
| Graduate or Professional | | | | |
| Other (Specify) | | | | |

18. Clerical Skills: Typing _____ WPM Shorthand _____ Other _____

19. Check the Types of Vehicles you are qualified and licensed to operate: Passenger Car Light Truck
 Heavy Truck or Tractor Other (Please Explain): _____

20. List special skills, training, fields of work for which you are licensed, registered, or certified which may be useful in the performance of the duties of the position which you have applied: _____

REFERENCES

Please give the names of three (3) responsible persons other than relatives or past supervisors who could provide information about your character, ability, personality and other qualities.

| NAME & OCCUPATION | ADDRESS | YEARS KNOWN | PHONE NUMBER |
|-------------------|---------|-------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

List the jobs that you have held, beginning with your present employer. Include part-time jobs, military service, and/or periods of unemployment in the proper sequence. Failure to give complete information may result in rejection of your application. If more space is needed, use a continuation sheet.

EMPLOYMENT HISTORY

A. Title or Position held: _____ Employer: _____

Address: _____ Telephone: (____) _____ Supervisor Name _____

Employed From: ____ MO ____ YR Employed To: ____ MO ____ YR Starting Salary: _____ Ending Salary: _____

Duties: _____

May we contact employer? _____

Reason for Leaving: _____

EMPLOYMENT HISTORY CONTINUED

B. Title or Position held: _____ Employer: _____

Address: _____ Telephone: (____) _____ Supervisor Name: _____

Employed From: ___MO ___YR Employed To: ___MO ___YR Starting Salary: _____ Ending Salary: _____

Duties: _____

May we contact employer? _____

Reason for Leaving: _____

C. Title or Position held: _____ Employer: _____

Address : _____ Telephone: (____) _____ Supervisor Name: _____

Employed From: ___MO ___YR Employed To: ___MO ___YR Starting Salary: _____ Ending Salary: _____

Duties: _____

May we contact employer? _____

Reason for Leaving: _____

D. Title or Position held: _____ Employer: _____

Address: _____ Telephone: (____) _____ Supervisor Name: _____

Employed From: ___MO ___YR Employed To: ___MO ___YR Starting Salary: _____ Ending Salary: _____

Duties: _____

May we contact employer? _____

Reason for Leaving: _____

READ CAREFULLY AND SIGN

Do you know of any reason you would not be able to perform the various functions of the job you are seeking?

YES _____ NO _____ IF YES, please explain (attach separate sheet if necessary): _____

—————CERTIFICATION AND RELEASE—————

I hereby certify that all statements on this application are true and complete to the best of my knowledge and belief. I understand that falsification (including omission) regarding this record may be considered cause for immediate termination of employment or disqualification from the applicant process if discovered before employment. I authorize the City to use the information provided and to review my background including, but not limited to, reference checks, education and drivers record verification and credit history. This information may also be used for internal data and recordkeeping. I authorize persons, schools, and current and previous employers to provide the City with any relevant information needed to consider me for employment.

_____ DATE

_____ SIGNATURE OF APPLICANT

(unsigned applications will not be processed)

Staple Here

PLACE
STAMP
HERE

RETURN APPLICATION TO:

**Human Resources Management Office
City of Goldsboro
P.O. Drawer A
Goldsboro, NC 27533**

Fold Here

The City of Goldsboro is an Equal Opportunity Employer

Fold Here

APPLICANT DATA RECORD

*****PLEASE COMPLETE THIS SECTION IN ITS ENTIRETY.*****

Date: ___/___/___ Social Security #: ___-___-___ Date of Birth: _____

Position applied for: _____

Name: _____ Phone: (____) _____

Address: _____
Street or Post Office Box City State Zip

Referral Source: ___ Advertisement ___ Friend ___ Relative ___ Employment Agency
___ Other _____

When completing this application, please make sure you complete each section in its entirety. Please give full information on your education and work history. *Incomplete applications will not be considered.* Check all responses for accuracy, then sign and date your application.

APPLICANT LOG

The City of Goldsboro is an Equal Opportunity / Affirmative Action Employer, which accommodates the needs of individuals with disabilities. The Federal Government requires us to monitor and be able to produce data pertaining to the gender, ethnic background, citizenship, veteran status and disabilities of our job applicants. Completing the bottom portion of this page is voluntary. It will be removed from the application and retained in the Human Resources Management Office. Should you accept an employment offer, you will be required to provide the requested gender, birth date, and ethnic and citizenship information.

Check one: ___ Male ___ Female

Check one of the following race/ethnic groups:

___ White ___ Black ___ Hispanic ___ Asian/Pacific Islander

___ American Indian/Alaskan Native ___ Other

Check if any of the following are applicable:

___ Vietnam Era Veteran ___ Disabled Veteran ___ Handicapped Individual

If required to do so, have you registered with the Selective Service?

___ Yes ___ No