

# **Town of Haw River**

## **Application Packet**



**Town Of Haw River**

**North Carolina**

**TOWN OF HAW RIVER**  
**Employment Application**

**Town of Haw River**  
**403 East Main Street**  
**Post Office Box 103**  
**Haw River, NC 27258**  
**Phone: 336-578-0784**  
**FAX: 336-578-0010**

**[WWW.TOWNOFHAWRIVER.COM](http://WWW.TOWNOFHAWRIVER.COM)**

**APPLICATION INSTRUCTIONS**

**PLEASE READ AND FOLLOW CAREFULLY**

- Job applications for vacancies will be kept on file for a period of 2 years.
- A separate application must be completed for each position for which you apply.
- Please type or print application information. Use Black Ink ONLY to complete the application.
- Photocopies of the Application may be submitted with the current date, position desired, and an original signature.
- Resumes and cover letters may be submitted with the completed application for supplemental information.
- Incomplete applications will not be considered. Applications that are received unsigned, undated, incomplete, or after the closing date, will be eliminated from consideration. If sections do not apply, please place N/A in the blank.
- A completed Town of Haw River Employment Application must be either submitted to the Town Clerk by 5:00 pm or mailed to the above address and postmarked by 5:00 pm on the closing date to be considered for a current vacancy.
- You must apply for each vacancy for which you want to be considered.
- All applications become the property of Town of Haw River and cannot be returned.
- Town of Haw River is a drug free work place. All persons offered employment must have a negative drug test before being employed by Town of Haw River.

**Town of Haw River is an equal opportunity employer.**

It is the policy of Town of Haw River to prohibit discrimination on the basis of race, gender, creed, national origin, religion, age, or disability in employment or the provision of services.

## Town of Haw River Employment Application

Position Applied For \_\_\_\_\_

Position Number \_\_\_\_\_

|            |        |               |                          |
|------------|--------|---------------|--------------------------|
| First Name | MI     | Last Name     | SSN (Last 4 digits only) |
| Address    |        | City          | State                    |
| Zip Code   | County | Daytime Phone | Evening Phone            |

### EDUCATION

|                             | High School                                                                              | Vocational/<br>Technical                                 | College/<br>University                                   | Graduate/<br>Professional                                |
|-----------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| School Name<br>and Location |                                                                                          |                                                          |                                                          |                                                          |
| Did you Graduate?           | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> GED | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dates Attended              |                                                                                          |                                                          |                                                          |                                                          |
| Credit Hours                |                                                                                          |                                                          |                                                          |                                                          |
| Type Degree                 |                                                                                          |                                                          |                                                          |                                                          |
| Course of Study/Major       |                                                                                          |                                                          |                                                          |                                                          |

### SKILLS

List any fields of work for which you are currently licensed, registered, or certified. Give dates and sources of issuance.

List any office or other special skills you possess (typing wpm, shorthand, business machines, professional equipment, etc)

List any computer hardware and software with which you have experience.

List any foreign languages in which you are fluent.

### GENERAL INFORMATION

#### Please Answer All Questions

- Do you currently work for Town of Haw River? ☐ yes ☐ no
- Are you a former employee of Town of Haw River? ☐ yes ☐ no  
If yes, indicate Dept. and Date Separated \_\_\_\_\_
- Are you related by blood or marriage to any person currently employed by Town of Haw River? ☐ yes ☐ no  
If yes, indicate Name, Dept., and Relationship \_\_\_\_\_
- Have you ever worked under another name? (Used to verify work experience, education, etc.) ☐ yes ☐ no  
If yes, please list \_\_\_\_\_
- Are you legally eligible to work in the United States? ☐ yes ☐ no
- Do you have a valid driver's license? Indicate State of issuance and DL# \_\_\_\_\_ ☐ yes ☐ no
- Have you ever been convicted of any unlawful offenses, other than a minor traffic violation: ☐ yes ☐ no  
**If yes, please explain fully on separate sheet.**  
NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at the time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and the type of job for which you are applying for will be considered.
- When will you be available to begin work (mo/day/yr)? \_\_\_\_\_

## EMPLOYMENT HISTORY

### PLEASE READ CAREFULLY

Using a separate section for each position, describe in detail ALL work experiences beginning with your present or most recent job. List all jobs you have held. Include periods of unemployment, 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. List last job held first. DO NOT REFER TO RESUME.

|                                                               |                                                                                                                 |                                                          |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Employer                                                      | Address                                                                                                         | Phone                                                    |
| Job Title                                                     | Supervisor's Name and Title                                                                                     | No. Supervised by You                                    |
| Date Employed (Mo/Yr) _____                                   | Starting Salary: \$ _____ Per _____                                                                             | May We Contact Employer?                                 |
| Date Separated (Mo/Yr) _____                                  | Ending Salary: \$ _____ Per _____                                                                               | <input type="checkbox"/> yes <input type="checkbox"/> no |
| <input type="checkbox"/> Full-time _____ #years _____ #months | <input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____ |                                                          |
| Reason for Leaving/Wanting to Leave:                          |                                                                                                                 |                                                          |
| Description of Work:                                          |                                                                                                                 |                                                          |
| _____                                                         |                                                                                                                 |                                                          |
| _____                                                         |                                                                                                                 |                                                          |
| _____                                                         |                                                                                                                 |                                                          |
| _____                                                         |                                                                                                                 |                                                          |

|                                                                |                                                                                                                 |                                                          |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Employer                                                       | Address                                                                                                         | Phone                                                    |
| Job Title                                                      | Supervisor's Name and Title                                                                                     | No. Supervised by You                                    |
| Date Employed (Mo/Yr) _____                                    | Starting Salary: \$ _____ Per _____                                                                             | May We Contact Employer?                                 |
| Date Separated (Mo/Yr) _____                                   | Ending Salary: \$ _____ Per _____                                                                               | <input type="checkbox"/> yes <input type="checkbox"/> no |
| <input type="checkbox"/> Full-time _____ # years _____ #months | <input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____ |                                                          |
| Reason for Leaving:                                            |                                                                                                                 |                                                          |
| Description of Work:                                           |                                                                                                                 |                                                          |
| _____                                                          |                                                                                                                 |                                                          |
| _____                                                          |                                                                                                                 |                                                          |
| _____                                                          |                                                                                                                 |                                                          |
| _____                                                          |                                                                                                                 |                                                          |

|                                                                |                                                                                                                 |                                                          |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Employer                                                       | Address                                                                                                         | Phone                                                    |
| Job Title                                                      | Supervisor's Name and Title                                                                                     | No. Supervised by You                                    |
| Date Employed (Mo/Yr) _____                                    | Starting Salary: \$ _____ Per _____                                                                             | May We Contact Employer?                                 |
| Date Separated (Mo/Yr) _____                                   | Ending Salary: \$ _____ Per _____                                                                               | <input type="checkbox"/> yes <input type="checkbox"/> no |
| <input type="checkbox"/> Full-time _____ # years _____ #months | <input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____ |                                                          |
| Reason for Leaving:                                            |                                                                                                                 |                                                          |
| Description of Work:                                           |                                                                                                                 |                                                          |
| _____                                                          |                                                                                                                 |                                                          |
| _____                                                          |                                                                                                                 |                                                          |
| _____                                                          |                                                                                                                 |                                                          |
| _____                                                          |                                                                                                                 |                                                          |

|                                                                                                                                                                               |                                     |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------|
| Employer _____                                                                                                                                                                | Address _____                       | Phone _____                                              |
| Job Title _____                                                                                                                                                               | Supervisor's Name and Title _____   | No. Supervised by You _____                              |
| Date Employed (Mo/Yr) _____                                                                                                                                                   | Starting Salary: \$ _____ Per _____ | May We Contact Employer? _____                           |
| Date Separated (Mo/Yr) _____                                                                                                                                                  | Ending Salary: \$ _____ Per _____   | <input type="checkbox"/> yes <input type="checkbox"/> no |
| <input type="checkbox"/> Full-time _____ #years _____ #months <input type="checkbox"/> Part-time _____ # years _____ # months; If Part-time, # of hours worked per week _____ |                                     |                                                          |
| Reason for Leaving: _____                                                                                                                                                     |                                     |                                                          |
| Description of Work: _____                                                                                                                                                    |                                     |                                                          |
| _____                                                                                                                                                                         |                                     |                                                          |
| _____                                                                                                                                                                         |                                     |                                                          |
| _____                                                                                                                                                                         |                                     |                                                          |
| _____                                                                                                                                                                         |                                     |                                                          |
| _____                                                                                                                                                                         |                                     |                                                          |
| References (Provide at least 3):                                                                                                                                              |                                     |                                                          |
| Name: _____                                                                                                                                                                   | Title or Occupation _____           | Address _____                                            |
| _____                                                                                                                                                                         | _____                               | Phone Number _____                                       |
| _____                                                                                                                                                                         | _____                               | Number of Years Known _____                              |
| _____                                                                                                                                                                         | _____                               | _____                                                    |
| _____                                                                                                                                                                         | _____                               | _____                                                    |
| _____                                                                                                                                                                         | _____                               | _____                                                    |
| _____                                                                                                                                                                         | _____                               | _____                                                    |
| _____                                                                                                                                                                         | _____                               | _____                                                    |

## CERTIFICATION

**I certify** that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements or information may be grounds for rejection of my application, or dismissal if I am employed. I also understand that as a condition of my employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States. A background check of my driving, criminal, credit, or other records may be conducted before employment. I permit Town of Haw River to conduct a police and court records investigation of my background if relevant to the job for which I am applying.

**I authorize** any and all of my current and previous employers, including the U.S. Government or U.S. Military, and other persons, registration and licensing boards, and educational institutions listed on my application, to provide Town of Haw River with any job-related information requested. I waive any right to legal claims against a disclosing person, employer, or institution and the prospective employer seeking and using this information for hiring purposes. Notwithstanding any provisions of Federal or State law, I also waive any right I may have to review confidential material or information received by Town of Haw River from a person, employer, or institution.

**I understand** that Town of Haw River is a drug free workplace and that I must pass a drug urinalysis test, and may be required to pass a physical examination provided by Town of Haw River, before I may be employed by Town of Haw River.

**I certify** that if I am a male between the ages of 18 and 26, I am aware of and in compliance with all applicable registration requirements of the Military Selective Service Act.

Signature of Applicant (Unsigned applications will not be processed)

Date

## Equal Employment / Applicant Data

Town of Haw River is an Equal Opportunity Employer. Town of Haw River prohibits discrimination based on race, gender, creed, national origin, religion, age, or disability in employment or the provision of services.

The information below is requested for data collection purposes and will be used only to evaluate how well our recruitment efforts are reaching all segments of the population.

The information on this form will in no way affect you as an applicant. This data will be physically separated from the remainder of your job application before the application is considered for possible employment.

We would appreciate you providing this information. However, completing this form is strictly voluntary. **Please return this section even if not completed.**

Date of Birth      \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                                 (mo)      (day)      yr)

Gender              ☐      Male  
                                 ☐      Female

Ethnicity            ☐      White (Caucasian, Non-Hispanic)  
                                 ☐      Black (African-American, Non-Hispanic)  
                                 ☐      Hispanic (Mexican, Puerto Rican, Cuban, Central or South  
                                 American, other Spanish origin regardless of race)  
                                 ☐      Asian (including Pacific Islander)  
                                 ☐      American Indian (including Alaskan native)

Disability          ☐      Yes  
                                 ☐      No

Note: A disability is any impairment which substantially limits a major life function.

How did you become aware of this position?

☐ Burlington Newspaper  
☐ Friend  
☐ Town Employee  
☐ Trade Journal, which one \_\_\_\_\_  
☐ Other (please specify) \_\_\_\_\_

☐ Employment Security Commission  
☐ Employment Agency  
☐ Town of Haw River Web Site  
☐ Other Internet site, which site \_\_\_\_\_