

Town of Blowing Rock
1036 Main Street
P.O. Box 47
Blowing Rock, NC 28605

Phone: (828) 295-5200
Fax: (828) 295-5202

**EMPLOYMENT APPLICATION
TOWN OF BLOWING ROCK**

All information requested must be provided and will be held confidential to the extent allowed by law. Incomplete applications cannot be considered. Thank you.

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PERSONAL INFORMATION

Name _____ Social Security # _____
Last First Middle

Present Address _____ Telephone # _____
Street City State Zip

Permanent Address _____ Telephone # _____
Street City State Zip

Are you age 18 or older? Yes No If no, give date of birth _____

Is there any information we would need about your name or use of another name to enable us to check your work record or criminal conviction record? Yes No

Other names used in employment _____

If yes, please explain _____

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EMPLOYMENT DESIRED

Position applied for _____

Are you available for Full time Part time
If part time, specific days and hours _____

Have you been previously employed by us? Yes No If yes, when? _____

Do you have any relatives working for us? Yes No If yes, please list _____

If your application is considered favorably, on what date would you be available for work? _____

Are you able to perform the essential tasks of the job applied for? Yes No
If not, what job functions would be affected? _____

Do you need any accommodations to perform the job applied for? Yes No
If yes, please explain. _____

Graduate or Professional							
Other (Specify)							

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ADDITIONAL INFORMATION

If applicable, have you complied with the U.S. Selective Service (draft) registration requirement? Please check one and initial. Yes No Initials _____

Have you pled guilty, nolo contendere (no contest) or been convicted of a felony in the last seven years?
 Yes No

If yes, describe in full. (Conviction will not necessarily disqualify an applicant from employment.)

Are you now under charges for any offense against the law? Yes No

If yes, describe in full _____

If hired, will you be able to provide evidence that you are legally permitted to work in the U.S.?

Yes No

CHECK KINDS OF WORK IN WHICH YOU HAVE HAD EXPERIENCE:

- | | | | | | | | |
|--------------------------|-----------------------|-----------------|-----------------------|--------------------------|-----------------------|-----------------|-----------------------|
| Accounting | <input type="radio"/> | Collections | <input type="radio"/> | Payroll | <input type="radio"/> | Switchboard | <input type="radio"/> |
| Bookkeeping | <input type="radio"/> | Data Processing | <input type="radio"/> | Print Shop | <input type="radio"/> | Typing | <input type="radio"/> |
| Cashier | <input type="radio"/> | Filing | <input type="radio"/> | Stenographic | <input type="radio"/> | Word Processing | <input type="radio"/> |
| Carpentry | <input type="radio"/> | Electrical | <input type="radio"/> | Plumbing | <input type="radio"/> | Mechanic | <input type="radio"/> |
| Light Equipment Operator | <input type="radio"/> | | <input type="radio"/> | Heavy Equipment Operator | <input type="radio"/> | | <input type="radio"/> |

Are there other experiences, skills, or qualifications which you feel would especially fit you for work with the Town?

Check the types of vehicles you are qualified, through experience, to operate:

Passenger car Light truck Heavy truck or tractor Other _____

Drivers License No _____ Class _____ State _____ Expires _____

How many convictions for moving violations within the past three years? _____

License ever suspended or revoked? Yes No



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EMPLOYMENT RECORD

List below all present and past employment, beginning with your most recent. Include military service in proper time sequence and temporary or part time jobs.

Title of present/last position _____ Starting Salary _____ Last Salary _____
 Name of Employer _____ Address _____
 Name/title of Supervisor _____ Business Telephone _____

Date Employed:	
Date Separated:	
Full time <input type="radio"/>	Yrs/Mos
Part time <input type="radio"/>	Yrs/Mos
If part time, list number of hours worked per week	

Duties _____ _____ _____ _____ Reason for leaving _____

Title of present/last position _____ Starting Salary _____ Last Salary _____
 Name of Employer _____ Address _____
 Name/title of Supervisor _____ Business Telephone _____

Date Employed:	
Date Separated:	
Full time <input type="radio"/>	Yrs/Mos
Part time <input type="radio"/>	Yrs/Mos
If part time, list number of hours worked per week	

Duties _____ _____ _____ _____ Reason for leaving _____

Title of present/last position _____ Starting Salary _____ Last Salary _____
Name of Employer _____ Address _____
Name/title of Supervisor _____ Business Telephone _____

Date Employed:	
Date Separated:	
Full time <input type="radio"/>	Yrs/Mos
Part time <input type="radio"/>	Yrs/Mos
If part time, list number of hours worked per week	

Duties _____ _____ _____ _____ Reason for leaving _____

Title of present/last position _____ Starting Salary _____ Last Salary _____
Name of Employer _____ Address _____
Name/title of Supervisor _____ Business Telephone _____

Date Employed:	
Date Separated:	
Full time <input type="radio"/>	Yrs/Mos
Part time <input type="radio"/>	Yrs/Mos
If part time, list number of hours worked per week	

Duties _____ _____ _____ _____ Reason for leaving _____

Title of present/last position _____ Starting Salary _____ Last Salary _____
Name of Employer _____ Address _____
Name/title of Supervisor _____ Business Telephone _____

Date Employed:	
Date Separated:	
Full time <input type="radio"/>	Yrs/Mos
Part time <input type="radio"/>	Yrs/Mos
If part time, list number of hours worked per week	

Duties _____ _____ _____ _____ Reason for leaving _____

I hereby authorize the Town of Blowing Rock to obtain my North Carolina Motor Vehicle Record (MVR) for the past three years for the purpose of ensuring that my driving record meets the standard of a clear driving record or an acceptable driving record (no more than two minor violations). I also authorize the Town of Blowing Rock to obtain my MVR annually hereafter during my employment with the town. I understand that this consent is a condition of employment with the town and failure to sign the consent form may result in termination of employment.

I hereby release the Town of Blowing Rock and/or its agents and any person or entity providing information on my MVR pursuant to this authorization from any and all liabilities, claims or lawsuits in regard to the information obtained from the above referenced source.

I hereby certify that all statements on this application are true and correct to the best of my knowledge, and I agree to permit the investigation of each statement made by me hereon unless otherwise indicated. I understand that my employment is contingent upon passing a physical examination including a substance abuse screening. Employment is also subject to an initial probationary period and verification that age and citizenship/visa status meet legal requirements. Watauga/Caldwell County residency may be required for certain positions for continued employment (i.e. management team, designated emergency response personnel and others designated by the Town Manager). I further understand that any misstatement on this application shall be cause for discharge.

By my signature below, I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Town of Blowing Rock, whether the said records are of public, private or confidential nature. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving me this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this statement will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Full Signature (including Maiden Name)

Date

The Town of Blowing Rock is an equal opportunity/affirmative action employer (M/F/H).

AUTHORITY FOR RELEASE OF INFORMATION

STATE ACCESS ONLY

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Criminal Information and Identification Section to perform a North Carolina criminal history record information check in connection with my application for employment with Town of Blowing Rock pursuant to Town of Blowing Rock Ordinance #2008-01.

(Print or Type Legibly)

Last Name	First	Middle	Maiden
Social Security Number (*optional)	Date of Birth	Sex	Race

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the above agency cannot provide a **hard copy** of the results of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's Signature

Date

The fingerprint card and the letter of transmittal must be submitted to the SBI at the following address. This request form must be kept on file for one (1) year from date fingerprinted.

State Bureau of Investigation
Criminal Information and Identification Section
Attn: Applicant Unit
Post Office Box 29500
Raleigh, North Carolina 27626-0500

**ORI # GOV000044 – TOWN OF BLOWING ROCK
GOVERNMENT**

Fingerprint card check - \$14.00 _____