THE TOWN OF FOREST CITY IS AN EQUAL OPPORTUNITY EMPLOYER

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information, or any other legally protected status.

ANSWER ALL QUESTIONS – PLEASE PRINT OR TYPE

Position(s) Applied For:			Date:	
	Full Time	Part Time	Seasonal	
	ıt Us? Town Employee	, ,	Security Commission	
Social Media	edia Friend Other (please specify) :			
Name:				SSN:
Last	First		Middle	Last 4 digits
Address:				
Number	Street	City	State	Zip Code
Telephone: ()				
	Home	Cell	Other (Please	specify:)

EDUCATION (Give complete educational history below)

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Schools	Name & Location	Dates Attended	Graduate?	Major/Minor	Degree Type
High School		From:	Yes No		
College University		From:	YesNo		
Graduate or Professional		From:	YesNo		
Other educational, vocational school, internships, etc.		From:	Yes No		

DRIVER'S LICENSE INFORMATION					
Do you possess a valid driver's license? Yes No					
If yes, please give the following:					
License Number: State Issued: Expiration Date://					
Is your driver's license a commercial license? Yes (indicate class:) No					
Note: Most positions require a valid driver's license.					
VNOW EDGE SUITS & ADULTIES					
KNOWLEDGE, SKILLS, & ABILITIES					
Please list your knowledge, skills, or abilities that are applicable to the position for which you are applying. List					
any licenses, certifications, or equipment you can operate.					
Have you ever been convicted of a felony? If YES, please explain below. NOTE: A conviction record will not					
necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, length					
of time since the offense, and nature of the crime will be taken into consideration No _ Yes (please					
explain):					
CONTROLLED SUBSTANCE TESTING					
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Controlled substance testing is required prior to the finalization of the selection process for employment, promotion, or transfer. Further information will be provided at the appropriate time in the selection process. A confirmed positive drug test will result in disqualification for employment, promotion, or transfer, and may be grounds for dismissal if already employed.

Scheduling information will be provided at the appropriate time.

In accordance with Americans with Disabilities Act, the Town of Forest City will consider reasonable accommodation if requested.

OVERTIME POLICY AND AGREEMENT FOR NON-EXEMPT POSITIONS

Consistent with the provisions contained in the 1985 amendments to the FAIR LABOR STANDARDS ACT, it is the Town's policy to compensate non-exempt employees for overtime work with compensatory time off, when possible, in lieu of overtime pay.

If I am employed in a non-exempt position, I agree to accept, at the discretion of the Town, either compensatory time off or overtime pay, as appropriate compensation for overtime work that I may be required to perform as an employee of the Town of Forest City.

FOR MALES AGE 18 THROUGH 25 ONLY

Males who are 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Services Act. State law prohibits local governments from employing anyone who has not complied with this requirement.

Please indicate if you have registered for Selective Service: ___ Yes ___ No

EMPLOYMENT DATA

In the space below, give your employment history beginning with your present or most recent employer and list all positions held, including military, part-time, seasonal, summer, and significant volunteer work. Details on any period of unemployment must be included. If additional space is needed, please print an additional data sheet, or use a sheet of paper.

Current or Last Employer:	Date Employed (mo/yr):/			
Address:	Date Separated (mo/yr):/			
Job Title:				
Supervisor Name: # Supervised by You:	Full Time (years/months):/			
Job Duties:	Part Time (years/months):/			
	· ·			
	Starting salary:			
	Ending salary:			
Reason for leaving:	May we Contact Employer?YesNo			
Employer:	Date Employed (mo/yr):/			
Address:	Date Separated (mo/yr):/			
Job Title:				
Supervisor Name: # Supervised by You:	Full Time (years/months):/			
Job Duties:	Part Time (years/months):/			
	Starting salary:			
	Ending salary:			
Reason for leaving:	May we Contact Employer?YesNo			
Employer:	Date Employed (mo/yr):/			
Address:	Date Separated (mo/yr):/			
Job Title:	<u> </u>			
Supervisor Name: # Supervised by You:	Full Time (years/months):/			
Job Duties:	Part Time (years/months):/			
	Starting salary:			
	Ending salary:			
Reason for leaving:	May we Contact Employer?YesNo			
Have you had disciplinary action taken against you in the past 12 months? Yes If yes, please explain: a) Have you ever been dismissed or forced to resign from any job held? Yes				
b) Were you dismissed or forced to resign for disciplinary reasons? Yes No If yes to A or B, please explain:				

PERSONAL DATA Are you a citizen of the United States? If no, please indicate the country of w	Yes No hich you are a citizen and your alien reg	istration number.				
Do you have any relatives currently employed by the Town of Forest City? Yes No If yes, who, in what position, and in what department are they employed? What is the relationship?						
Please list three references who are not related to you and who have knowledge of your work. Do not repeat the names of supervisors listed in the Employment Data Section of this application.						
Reference 1	Reference 2	Reference 3				
Name:	Name:	Name:				
Contact Number: ()	Contact Number: ()	Contact Number: ()				
Relationship:	Relationship:	Relationship:				
 Certification and Release (MUST BE SIGNED AND DATED BELOW) To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town. I also permit the Town of Forest City to conduct a Police, Court, Credit, and/or Motor Vehicle Records Investigation of my background where related to the job for which I am applying. I understand and acknowledge that should I be employed by the Town of Forest City, then I serve "at will." This means that I may be terminated at any time. I further understand that this "at will" employment relationship may not be changed by any written documents unless such change is specifically approved by the Town Manager. 						
Signature of Applicant (unsig	ned applications will not be processed)	Date				

Applications may be dropped off or mailed to 128 N. Powell Street, Forest City, NC 28043. Applications may also be emailed to HR@townofforestcity.com. For questions or additional support, please contact HR at 828.202.2234.