



**JOB APPLICATION
HUMAN RESOURCES DEPARTMENT
350 EAST MARKET STREET
PO Box 761
SMITHFIELD, NORTH CAROLINA 27577
(919)-934-2116**

PLEASE TYPE OR PRINT CLEARLY IN INK

Date: _____ Position(s) Applied For: _____

Full Name: _____ Social Security Number: _____

Present Address: _____
Street City State Zip Code

Mailing Address (If different from present address): _____

Home Phone No: _____ Business Phone No: _____ Mobile Phone/Pager: _____

Driver's License No: _____ Expiration Date: _____ Date Available for Work: _____

PLEASE READ AND FOLLOW CAREFULLY:

- 1. It is the policy of the Town of Smithfield to hire only those persons who are lawfully authorized to work in the United States. As a condition of employment, individuals hired by the Town are required to present proof of identity and of their legal eligibility to work in the United States before they can begin work.*
- 2. Applications are accepted **Monday - Friday, 8:00 AM - 4:00 PM**, except holidays, and must be received by the closing date indicated for the position.*
- 3. Applications that are received unsigned, incomplete, or after the closing date will not be processed. Applicants who **DO NOT** meet the minimum requirements for the position will not be considered for employment.*
- 4. Applications, resumes, transcripts, letters of reference and other information will become the property of the Town of Smithfield and cannot be returned.*

Date Received:
Position Close Date:
Interview: Yes _____ No _____
Conditional Offer Made: Yes _____ No _____
Hired: Yes _____ No _____ Start Date:

EMPLOYMENT HISTORY

May we contact your present employer? ____yes ____ no

Employer's Name (present or most recent): _____
Employer Address: _____
Job Title: _____ Supervisor's Name/Title/Phone No.: _____
Starting Salary: _____ per _____ Ending Salary: _____ per _____
Date Employed: _____ Date Separated: _____ Reason for leaving: _____
If Part time, number of hours worked per week: _____
Duties (please describe in detail): _____

Employer's Name (present or most recent): _____
Employer Address: _____
Job Title: _____ Supervisor's Name/Title/Phone No.: _____
Starting Salary: _____ per _____ Ending Salary: _____ per _____
Date Employed: _____ Date Separated: _____ Reason for leaving: _____
If Part time, number of hours worked per week: _____
Duties (please describe in detail): _____

Employer's Name (present or most recent): _____
Employer Address: _____
Job Title: _____ Supervisor's Name/Title/Phone No.: _____
Starting Salary: _____ per _____ Ending Salary: _____ per _____
Date Employed: _____ Date Separated: _____ Reason for leaving: _____
If Part time, number of hours worked per week: _____
Duties (please describe in detail): _____

(Employment History Page Continued)

Employer's Name (present or most recent): _____
Employer Address: _____
Job Title: _____ Supervisor's Name/Title/Phone No.: _____
Starting Salary: _____ per _____ Ending Salary: _____ per _____
Date Employed: _____ Date Separated: _____ Reason for leaving: _____
If Part time, number of hours worked per week: _____
Duties (please describe in detail): _____

Employer's Name (present or most recent): _____
Employer Address: _____
Job Title: _____ Supervisor's Name/Title/Phone No.: _____
Starting Salary: _____ per _____ Ending Salary: _____ per _____
Date Employed: _____ Date Separated: _____ Reason for leaving: _____
If Part time, number of hours worked per week: _____
Duties (please describe in detail): _____

Employer's Name (present or most recent): _____
Employer Address: _____
Job Title: _____ Supervisor's Name/Title/Phone No.: _____
Starting Salary: _____ per _____ Ending Salary: _____ per _____
Date Employed: _____ Date Separated: _____ Reason for leaving: _____
If Part time, number of hours worked per week: _____
Duties (please describe in detail): _____

GENERAL INFORMATION

Do you now work for the Town of Smithfield? yes no (If yes, Department Name: _____)

Are you related by blood or marriage to any person now working for the Town? yes no (If yes, give name, relationship to you and department where employed: _____)

Have you worked under any other name? yes no (If yes, please list: _____)

Check the type of work you will accept:

- Permanent Full-time
- Temporary Full-time
- Shift or split shift work
- Permanent Part-time
- Temporary Part-time

Do you require accommodations/aid? If so, please describe. _____

Have you ever been convicted of any crime under the name you used on this application or under any other name? (Omit traffic violations with fines of \$50 or less) yes no
 If yes, please explain. _____

EDUCATION

Circle highest level complete: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 5 6

School Name and Location	Dates Attended From/To	Graduate?	Degree	Course of Study
High School:		yes___ no___		
College or University:		yes___ no___		
Graduate or Professional:		yes___ no___		
Vocational or Technical:		yes___ no___		

List fields of work for which you have been registered, licensed or certified. Give date(s) and source(s) of issuance: _____

List memberships in professional, honorary or technical organizations: _____

SKILLS

Check the following skills, experience, etc. which you have:

- _____ Chauffeurs's License
- _____ Car for use at work
- _____ Typing _____ wpm
- _____ Shorthand _____ wpm
- _____ Transcription
- _____ Adding Machine
- _____ Trucks (specify type: _____)
- _____ Cash register
- _____ Word processing (Specify programs: _____)
- _____ Computers (specify) _____
- _____ Data Entry (specify) _____

REFERENCES

List three individuals familiar with your abilities. Do not list relatives or supervisors previously noted under "employment".

Name	Years Known	Home/Business Address	Home/Business Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CERTIFICATION

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 for employment to provide THE TOWN OF SMITHFIELD any information requested. I also permit the Town of Smithfield to conduct a police and court records investigation of my background if relevant to the job for which I am applying. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed.

Applicant Signature

Date

Town of Smithfield, North Carolina Supplemental Application Information

Candidate Statement of Understanding

I, _____, understand that as a part of the selection process for the Town of Smithfield, North Carolina, I must submit to a physical examination, drug screen test and criminal history check, and driver's license check.

In adherence with the Town of Smithfield's policy on these tests, I do hereby consent to the sampling and submission of testing of my blood/urine for the purpose of screening for illegal drugs. I understand that a negative result from the screening is necessary for my employment with the Town of Smithfield.

I also understand that if I refuse to supply a sufficient sample or refuse to sign the necessary document required for the submission of the sample of testing, it will be recorded as a test refusal and may result in the offer of employment being rescinded.

I understand the results of the screenings are confidential. I authorize disclosure of the drug screen results by and between testing laboratory, Medical Review Officer, the Town of Smithfield, or as required by law.

I, _____, understand that the results of the blood analysis/urinalysis will be available to me as soon as possible after receipt by the Town of Smithfield.

Candidate Signature

Candidate Social Security No.

____/____/____
Date

Witness Signature

____/____/____
Date

Pursuant to the North Carolina State General Statute 1438, Chapter 610(S 042), anyone who fails to register for military service, as required by Federal Law, is ineligible for employment by the State or any political subdivision of the State, including all boards, commissions, departments, agencies, institutions, and instrumentalities.

As required by Federal Law, have you registered for the Selective Service with the Federal Government of the United States? **Yes** **No**

Candidate Signature

____/____/____
Date

TOWN OF SMITHFIELD APPLICANT LOG

The Town of Smithfield is an Equal Opportunity/Affirmative Action Employer. As part of the Town's Equal Employment/Affirmative Action Program, the Federal Government requires us to complete summary data about applicants. The Applicant Log is intended to help collect this information.

All responses are completely voluntary and will be used for statistical purposes only. The information will not be used in the employment process and will not become a part of your application.

We would appreciate your completing the following:

Date: _____		
Name: _____		Social Security# _____
Last	First	MI
Address: _____		
Street	City	State Zip Code
Type of position(s) for which you are applying: _____		
Referral Source:		
_____ Newspaper	_____ In-House Bulletin	_____ Personal Reference
_____ Employment Security Commission	_____ Walk-in	_____ Other
Race:	Sex:	Birth date:
_____ White/ Non Hispanic Origin	_____ Male	Month Day Year
_____ Black/Non Hispanic Origin	_____ Female	
_____ Hispanic		
_____ American Indian or Alaskan Native		
_____ Asian or Pacific Islander		
Veteran Status:	Disability:	
_____ Veteran Era (8-5-64 to 5-7-75)	_____ Yes	
_____ Disabled Veteran	_____ No	
_____ Disabled Vietnam Era Veteran (8-5-64 to 5-7-75)		

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

TOWN OF SMITHFIELD PERSONNEL DEPARTMENT
AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

To Whom It May Concern:

I am an applicant for a position with the Town of Smithfield. In order to determine my suitability for employment; I understand that the Town of Smithfield, North Carolina must make a thorough investigation of my personal records and personal background. It is the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, _____, DOB, _____, Operator's License # _____, do hereby request and authorize any bank, credit union, lending and financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational repository of medical records, insurance company, governmental agency, criminal or civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Town of Smithfield, North Carolina regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Town of Smithfield, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the Town of Smithfield. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for employment as allowed by law.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigation process has been completed, whichever is later.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

Applicant Signature

State of North Carolina
County of _____

Printed Name

Subscribed and sworn to before me this
the _____ day of _____,
_____.

Address

Notary Public

City, State, & Zip

My Commission Expires: _____

Telephone

KEEP THIS PAGE FOR YOUR FILES

Town of Smithfield Statement of Physical Exam and Drug Screen Policy Criminal History and Driver's License Check

The Town of Smithfield wants to ensure the safety and health of all current and future employees. For this reason, the Town requires all candidates that have been given a conditional offer of employment, to submit to a physical exam and drug screen before actually beginning to work. The candidate will also submit to a criminal history and driver's license check.

The physical exam and drug screen will be performed by a physician of the Town's choice and at the Town's expense. All drug screens will be performed within the guidelines set by the Town and results reviewed by the Medical Review Officer (physician).

The Town shall rescind any offer of employment to any person who refuses to submit to a physical examination and/or drug screen. The Town may rescind any offer of employment if any person is found to be physically unfit to perform the essential functions of the position, has a positive drug screen test and/or a determination is made after review of the criminal history/driver's license that it is in the best interest of the Town not to employ the candidate.