



# City of Saluda Employment Application

The City of Saluda is an Equal Opportunity Employer.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

<b>PERSONAL INFORMATION:</b>					<b>Date:</b>
<b>Name: (Last, First, Middle)</b>					
<b>Do you have a valid North Carolina driver's license?</b> ( )YES ( )NO <b>License #:</b>					
<b>Present Address:</b>					
	<b>Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Phone Number</b>					
	<b>Home</b>	<b>Work</b>	<b>Cell</b>		
<b>Email Address:</b>					
<b>Are you 18 years of age or older?</b> ( )YES ( )NO					
<b>If not, can you provide proof of eligibility to work?</b> ( )YES ( )NO					
<b>Are you prevented from lawfully being employed in this country because of a visa or immigration status?</b> ( )YES ( )NO					
<b>Proof of citizenship or immigration status will be required upon employment</b>					
<b>EMPLOYMENT DESIRED:</b>					
<b>Position Desired:</b>			<b>Salary Desired:\$</b>		
<b>Date you can start:</b>			<b>Applying for:</b> ( )Full-time ( )Part-time		
<b>Are you currently employed?</b> ( )YES ( )NO <b>If yes,</b> ( )Full-time <b>OR</b> ( )Part-time					
<b>Have you ever filed an application with us before?</b> ( )YES ( )NO <b>If yes, give date:</b>					
<b>Have you ever been employed with us before?</b> ( )YES ( )NO <b>If yes, give dates:</b>					
<b>Have you been convicted of a felony in the last 7 years?</b> ( )YES ( )NO <b>If yes, please explain:</b>					
<small>(conviction will not necessarily disqualify an applicant from employment)</small>					

<b>EDUCATION:</b>	<b>Name &amp; Address of School</b>	<b>Course of Study</b>	<b>Years Completed</b>	<b>Diploma/Degree Date Received</b>
<b>Elementary School</b>				
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate/ Professional</b>				
<b>Other (specify)</b>				

**Describe any extracurricular activities, athletic clubs, professional, trade, business, or civic organization memberships, activities, or offices held, etc.**  
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or protected status.

**Describe any specialized training, certifications, licenses, apprentice ship, skills, special skills, special study, or research work.**

**U.S. Military Service? ( )YES ( )NO If yes, what branch of military? \_\_\_\_\_**  
**Rank: \_\_\_\_\_ Present Membership in the National Guard or Reserves? ( )YES ( )NO**  
**Describe any job related training received in the U.S. Military.**

<b>Indicate any foreign languages you can speak, read, and/or write:</b>			
	<b>Fluent</b>	<b>Good</b>	<b>Fair</b>
<b>Speak</b>			
<b>Read</b>			
<b>Write</b>			

**Employment Experience:**

Start with your present or most recent job, and proceed back. You may include any job-related military service assignments.

**1**

Employer:	Dates Employed:
Address:	Beginning Hourly Rate/Salary:\$
Phone Number:	Ending Hourly Rate/Salary:\$
Supervisor:	May we contact this employer? ( )YES ( )NO
Job Title:	
Reason for Leaving:	Work Performed:

Employer:	Dates Employed:
Address:	Beginning Hourly Rate/Salary:\$
Phone Number:	Ending Hourly Rate/Salary:\$
Supervisor:	May we contact this employer? ( )YES ( )NO
Job Title:	
Reason for Leaving:	Work Performed:

**3**

Employer:	Dates Employed:
Address:	Beginning Hourly Rate/Salary:\$
Phone Number:	Ending Hourly Rate/Salary:\$
Supervisor:	May we contact this employer? ( )YES ( )NO
Job Title:	
Reason for Leaving:	Work Performed:

**4**

Employer:	Dates Employed:
Address:	Beginning Hourly Rate/Salary:\$
Phone Number:	Ending Hourly Rate/Salary:\$
Supervisor:	May we contact this employer? ( )YES ( )NO
job Title:	
Reason for Leaving:	Work Performed:

**Comments: (please include an explanation of any gaps in employment)**

**Why do you think you would enjoy working for the City of Saluda?**

**How do you feel you can contribute to the City staff and citizens through this job?**

**References:**

Give the names of three persons not related to you, whom have known you at least one year, as personal references.

	Name	Address& Phone Number	Relationship to you	Years Acquainted
1				
2				
3				

**Is there anything else you would like us to know?**

**Emergency Contact:**

Name	Address	Phone	Relationship

**APPLICANT'S STATEMENT:**

I certify that all the information submitted by me on this application is true and complete and I understand that if any false information omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. If employed, I agree to conform to the rules and regulations of the City of Saluda, as stated in the Personnel Policy.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time, and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City of Saluda.

I understand that this application for employment shall be considered active for a period of time not to exceed twelve (12) months, and any applicant wishing to be considered for employment beyond this time period should contact the City Clerk.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date