



Town of Catawba Application for Employment

PO Box 70, Catawba, NC 28609
www.townofcatawbanc.org * (828) 241-2215

Position Title: _____ Department: _____

Name: _____ Date: ____/____/____
(Last) (First) (Middle)

Present Mailing Address: _____
(Street Address) (City) (State) (Zip Code)

(Primary Phone #) (Alternate Phone #) (Email)

Are you at least 18 Years of Age? ____ (Yes) ____ (No) Rate of Pay Expected: _____

Highest Level of Education Completed: _____

Name of School: _____ City Located: _____

Driver License Number: _____ State: _____ Social Security #: _____

Are you a U.S. Citizen? ____ (Yes) ____ (No) If not, are you eligible to work in the U.S.?: ____ (Yes) ____ (No)

Have you ever been employed with Town of Catawba? ____ (Yes) ____ (No) If Yes, what dates? _____

Did you serve in the U.S. Armed Forces? ____ (Yes) ____ (No) (If yes, please include a copy of DD form 214)

If yes, please list their name(s) / relationships: _____

Have you ever been convicted of a crime other than a minor traffic violation? (Note: A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relationship to the job you are applying for.) ____ (Yes) ____ (No)

If yes, please explain: _____

List the jobs you have held, beginning with your last employer. Include part-time and military service for past 10 years. Failure to include complete information may result in rejection of your application and/or disciplinary actions if chosen for employment. If more spaces are needed, use additional sheets.

Employer: _____ Phone: _____
Address: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Dates Employed: _____
Reason for Leaving: _____
Your Job Duties: _____

Name of your immediate supervisor: _____
May we contact this employer/supervisor concerning your application? _____ Yes _____ No

Employer: _____ Phone: _____
Address: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Dates Employed: _____
Reason for Leaving: _____
Your Job Duties: _____

Name of your immediate supervisor: _____
May we contact this employer/supervisor concerning your application? _____ Yes _____ No

Employer: _____ Phone: _____
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May we contact this employer/supervisor concerning your application? _____ Yes _____ No

Employer: _____ Phone: _____
Address: _____
Job Title: _____ Starting Salary: _____ Ending Salary: _____
Dates Employed: _____
Reason for Leaving: _____
Your Job Duties: _____

Name of your immediate supervisor: _____
May we contact this employer/supervisor concerning your application? _____ Yes _____ No

Please list three references who are not related to you and who have a definite knowledge of your qualifications and the position that you are applying for. Do not repeat names of supervisors listed in work history.

Name of Reference: _____ Phone: _____
Address: _____
Business Name: _____ How long has this person known you? _____

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Address: _____
Business Name: _____ How long has this person known you? _____

By my signature below, I certify that the facts entered in this application are true, complete, and accurate, to the best of my knowledge. I understand that misstatements and falsifications are reasons for non-selection and if discovered after employment, are grounds for immediate dismissal without recourse. I also understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature of Applicant: _____ Date: _____

List an Emergency Contact: _____ Phone: _____

Consent and Authorization: Read Carefully Before Signing

I have applied for employment with the Town of Catawba and my signature below authorizes you to release the contents of my employment record with your organization, whether negative or positive information. I further consent to allow the Town of Catawba to obtain any and all information concerning my former/current employment with you or your organization. This includes my job performance appraisals/evaluations, wage history, disciplinary action(s) if any, and all other matters pertaining to my employment with the Town of Catawba. This form may be photocopied, reproduced as a facsimile, and/or other electronic means, and used at the Town of Catawba's discretion.

Print Name of Applicant _____ Date: _____

Signature of Applicant: _____

Drug Policy: Read Carefully Before Signing

I do hereby understand that the Town of Catawba has a drug screening policy and applicant, which are considered for a position will be drug tested before employment. I also understand that I may be required to provide the drug screener a sample of my urine, blood, hair, and/or other bodily substances in order to perform the drug screening.

Print Name of Applicant: _____ Date: _____

Signature of Applicant: _____

Please indicate by checking the appropriate box below how you found out about this vacant position.

- | | |
|--|---|
| <input type="checkbox"/> Town of Catawba Facebook Page | <input type="checkbox"/> Newspaper – Which Paper: _____ |
| <input type="checkbox"/> Town of Catawba Website | <input type="checkbox"/> Employment Security Commission |
| <input type="checkbox"/> Town Employee | <input type="checkbox"/> Other – Please Specify: _____ |