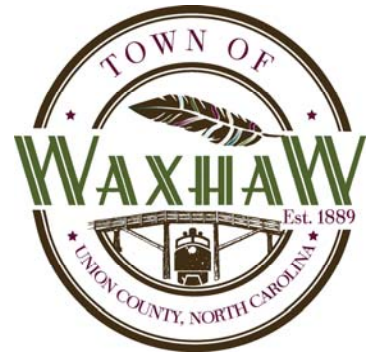




# Town of Waxhaw North Carolina Employment Application



**PLEASE PRINT/TYPE EXCEPT FOR SIGNATURE  
PRE-EMPLOYMENT DRUG TEST REQUIRED**

PLEASE COMPLETE PAGES 1-5 DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present Address \_\_\_\_\_  
Number Street City State Zip

How long \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Day/Hours Available to Work  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 (Be Specific)

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired      FULL-TIME ONLY              PART-TIME ONLY              FULL OR PART-TIME

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School _____	_____	_____	_____	_____
College _____	_____	_____	_____	_____
Bus. Or Trade School _____	_____	_____	_____	_____
Professional School _____	_____	_____	_____	_____

**PLEASE PRINT ALL INFORMATION  
REQUESTED EXCEPT SIGNATURE**

**NAME:**

**APPLICATION FOR EMPLOYMENT**

DO YOU HAVE A DRIVER'S LICENSE? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License  
Number \_\_\_\_\_ State of Issue \_\_\_\_\_ Operator \_\_\_\_ Commercial \_\_\_\_ Chauffeur \_\_\_\_

Expiration Date \_\_\_\_\_

What is your means of transportation to work? \_\_\_\_\_

Have you had any accidents during the past three years? \_\_\_\_\_ How Many? \_\_\_\_\_

Have you had any moving violations during the past three years? \_\_\_\_\_ How Many? \_\_\_\_\_

**OFFICE ONLY**

Typing/Word Processing Speed? Yes \_\_\_\_\_ No \_\_\_\_\_ WPM \_\_\_\_\_ 10-Key? Yes \_\_\_\_\_ No \_\_\_\_\_

Other Skills \_\_\_\_\_

Please list two references other than relatives or previous employers.

Name \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Position \_\_\_\_\_

Company \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

PLEASE PRINT ALL INFORMATION  
REQUESTED EXCEPT SIGNATURE

NAME:

APPLICATION FOR EMPLOYMENT

MILITARY

HVE YOU EVER BEEN IN THE ARMED FORCES? Yes \_\_\_\_ No \_\_\_\_

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes \_\_\_\_ No \_\_\_\_

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience**

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From To	Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone Number	Name of Last Supervisor	Employment Dates	Pay or Salary
		From To	Start Final
Your last job title			

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NAME:

APPLICATION FOR EMPLOYMENT

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer?     \_\_\_ Yes     \_\_\_ No

Did you complete this application yourself?     \_\_\_ Yes     \_\_\_ No

If not, who did? \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by the Town of Waxhaw (hereinafter called “the Town”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Town practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Town, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Manager of the Town. Both the undersigned and the Town may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Town may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in the application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Town permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Town from any liability as a result of such contact.

I also understand that (1) the Town has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Town may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Town, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Town shall be probationary for a period of six months, and further that at any time during the probationary period or thereafter, my employment relation with the Town is terminable at will for any reason by either party.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

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The Town is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Town depends solely on your qualifications.

*Thank you for your interest in employment with the Town of Waxhaw.*