

**TOWN OF WOODFIN  
NORTH CAROLINA**

INDICATE POSITION APPLIED FOR: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

DATE: \_\_\_\_\_ DATE AVAILABLE FOR WORK: \_\_\_\_\_

1. NAME (Last, First, Middle) \_\_\_\_\_

2. ADDRESS: (Number, Street, City, Zip Code) \_\_\_\_\_

3. PRIMARY PHONE : \_\_\_\_\_ EMAIL: \_\_\_\_\_

4. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_ Interested in temporary or regular part time? \_\_\_\_\_

5. ARE YOU 18 YEARS OF AGE OR OLDER?  YES  NO IF NOT, BIRTHDATE: \_\_\_\_\_

6. HAVE YOU EVER BEEN EMPLOYED BY THE TOWN OF WOODFIN BEFORE?  
 YES  NO If yes give dates employed and Position Title/Department: \_\_\_\_\_

7. VETERAN DATA (Answer each question. If question does not apply, answer "NO".)  
Have you ever served in the armed forces?  Yes  No  
A. Branch of Service: \_\_\_\_\_ B. Active Duty from: \_\_\_\_\_ to: \_\_\_\_\_ C. Rank Upon Discharge: \_\_\_\_\_  
D. Describe special training and military assignments related to position applied for (if applicable): \_\_\_\_\_

8. EMPLOYMENT OF RELATIVES Are you related by blood or marriage to any person now working for the Town of Woodfin?  
 YES  NO If yes, give name, relationship to you and the department where employed: \_\_\_\_\_

9. SELECTIVE SERVICE REGISTRATION: As a condition of employment, state law requires male applicants who are between the ages of 18 and 26 to certify that they have registered for the military service to be eligible for employment.  
If subject to military Selective Service Registration, certify compliance by initialing the dotted line \_\_\_\_\_

10. EDUCATION: Circle the 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 and Location	Dates Attended (mo/yr)		Graduate?	Major/Minor Course Work	Degree Received
		From:	To:			
High School				YES		
				NO		
College(s) University(s)				YES		
				NO		
Graduate or Professional				YES		
				NO		
Other Educational, Vocational School, Internships, Etc.				YES		
				NO		

11. SPECIAL TRAINING PROGRAMS AND SEMINARS COMPLETED (LIST):  
\_\_\_\_\_  
\_\_\_\_\_

12. REFERENCES: List 3 persons who are familiar with your qualifications for employment. Give name, address and phone number.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. EQUAL OPPORTUNITY INFORMATION  
The Town of Woodfin government policy prohibits discrimination based on race, color, religion, sex, national origin, political affiliation, physical or mental disability, age, veteran status, genetic information, sexual orientation, gender identity or any other legally protected class under federal or NC State law. Sex, age or absence of disability is a bona fide occupational qualification in a small number of town jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.:

Date of Birth _____ (mo) (day) (year)	SEX <input type="checkbox"/> (male) <input type="checkbox"/> (female)	DISABILITY: "Disability means with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a disability is strictly VOLUNTARY. Persons with disabilities who DO NOT WISH to report their disabilities should check item A. Information reported on this form will be kept confidential.
ETHNIC GROUP 1 <input type="checkbox"/> White (non-hispanic) 2 <input type="checkbox"/> Black (non-hispanic) 3 <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race) 4 <input type="checkbox"/> Asian (Including Pacific Islander) 5 <input type="checkbox"/> American Indian (Including Alaskan Native)	A <input type="checkbox"/> None/prefer not to report B <input type="checkbox"/> Blind or severely visually impaired C <input type="checkbox"/> Deaf or severely hearing impaired D <input type="checkbox"/> Loss or limited use of arms and/or hands E <input type="checkbox"/> Non-ambulatory (must use wheelchair)	F <input type="checkbox"/> Other orthopedic impairment (amputation, arthritis, back injury, cerebral palsy, spinal bifida, etc.) G <input type="checkbox"/> Respiratory impairment H <input type="checkbox"/> Nervous system/ Neurological disorder I <input type="checkbox"/> Mentally restored J <input type="checkbox"/> Mental retardation K <input type="checkbox"/> Learning Disability L <input type="checkbox"/> Others (specify) _____

37. Current professional status. (List details of work for which you have been registered)

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_  
 Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_

15. Licenses and certifications : ( List, giving dates and sources of issuance):

16. Membership in professional, honorary, or technical societies (List):

17. CHECK the following Skills, Experiences, etc. which you have

Driver's license \_\_\_\_\_  
 Number \_\_\_\_\_ state \_\_\_\_\_

- Adding machine/calculator
- Typing (specify WPM) \_\_\_\_\_
- Software Programs \_\_\_\_\_
- Foreign Languages \_\_\_\_\_

Other \_\_\_\_\_

18. Have you ever been convicted of an offense against the law other than a minor traffic violation? ( A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying)

YES  NO (If yes, explain fully on an additional sheet)

19. WORK HISTORY ( Include volunteer experience) Use additional sheets if necessary

Current or Last Employer			Address	
Job Title			Supervisor Name	
			No. Supervised by You	
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May We Contact Employer? YES NO
Date Separated (mo/yr)	Duties:			
Full Time	Years	Months		
Part Time	Years	Months		
Phone				

Employer			Address	
Job Title			Supervisor Name	
			No. Supervised by You	
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May We Contact Employer? YES NO
Date Separated (mo/yr)	Duties:			
Full Time	Years	Months		
Part Time	Years	Months		
Phone				

Employer			Address	
Job Title			Supervisor Name	
			No. Supervised by You	
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May We Contact Employer? YES NO
Date Separated (mo/yr)	Duties:			
Full Time	Years	Months		
Part Time	Years	Months		
Phone				

20. I certify that all the statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I authorize investigation of all statements made in this application and release to the Town of Woodfin hiring officials. I understand that failure to respond to all parts of this application may result in my application not being considered. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed.

\_\_\_\_\_  
 Signature of Applicant (unsigned applications will not be processed)

\_\_\_\_\_  
 Date

NOTE: (IF YOU FORGET TO COMPLETE SOME PART OF THIS APPLICATION OR DO NOT INCLUDE REQUESTED INFORMATION, YOUR APPLICATION MAY NOT BE CONSIDERED.) BEFORE SUBMITTING THIS APPLICATION PLEASE CHECK TO SEE THAT YOU HAVE:

1. LISTED YOUR SOCIAL SECURITY NUMBER CORRECTLY
2. LISTED YOUR ZIP CODE CORRECTLY
3. COMPLETED THE SECTION FOR EQUAL OPPORTUNITY INFORMATION
4. GIVEN COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY
5. SIGNED AND DATED YOUR APPLICATION

THANK YOU FOR YOUR INTEREST IN THE TOWN OF WOODFIN GOVERNMENT, THE TOWN OF WOODFIN WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.