



City of Sanford Employment Application

P.O. Box 3729
Sanford, NC 27331
www.sanfordnc.net

An Equal Opportunity/Affirmative Action Employer

Phone: (919) 777-1130

Fax: (919) 774-8712

INSTRUCTIONS: It is **IMPORTANT** that you fill out all sections of this application **COMPLETELY** and to the best of your ability. Do not write in "see resume". If an item does not apply to you, or if there is no information to be given, please write "NA" for Not Applicable. Your application will be used as part of the examination process and, therefore, should represent your best effort. Applications that are unsigned, incomplete or do not specify the position and posting number for which you are applying will not be considered. **Completed applications may be returned to jobs@sanfordnc.net.**

Current Information (Please type or print clearly in ink)

Position Applied for	<input type="text"/>	Posting #	<input type="text"/>	Date	<input type="text"/>		
When will you be available for employment?	<input type="text"/>	Minimum or other acceptable salary:	<input type="text"/>	Employment desired: (check all that apply)			
				Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Temporary <input type="checkbox"/>	Summer <input type="checkbox"/>
NAME	<input type="text"/>						
	Last	First	Middle Initial	Maiden			
ADDRESS	<input type="text"/>						
	Street & Number or P.O. Box	City	State	Zip			
TELEPHONE	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	Home	Business/Cell	Alternate Number				

General Information (Attach additional sheet if needed)

- a. Have you ever been employed with the City of Sanford? Yes No
If yes, what department & when?
- b. Are you related by blood or marriage to any City employee? Yes No
If yes, give name, relationship and department.
- c. Have you ever been convicted of a criminal offense against the law other than a minor traffic infraction? Yes No
If yes, please explain when, where, and disposition of case. NOTE: The existence of a criminal record does not automatically eliminate you from employment consideration.
- d. Please list your driver's license number, type, expiration date, and the state where it was issued.
- e. Are you able to perform the essential functions of the position which you are applying with or without reasonable accommodations? Yes No

Education

Indicate highest level 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

School	Location of School	Graduate	Semester Quarter Hours	Type of Degree or Diploma	Major/Minor Subject
High School or GED		Yes No			
College or University		Yes No			
Graduate or Professional School		Yes No			
Vocational/ Technical School or Other		Yes No			

*Please list military services in the employment history section

Skills, Certifications

Please list any skills, abilities, special certifications, licenses, special training, or courses you have had that you feel are applicable to the position for which you applied. Include skills with equipment or machines you operate. List computer skills separately as indicated below.

Please list computer knowledge and specific software skills.

Employment History

Record your complete work history in the spaces below (resume may be attached however this section must be completed). Begin with your current or most recent employer first. Use continuation sheets as necessary to account for your full record. List all positions held with one employer separately. Be sure to account for gaps in your employment history. Related volunteer experience should also be listed.

May we contact your present employer? Yes No

Employer: (Present or most recent)	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Fulltime for: Years Months <input type="text"/> <input type="text"/> Part-time for: Years Months <input type="text"/> <input type="text"/> If part-time number of hrs. worked per week: <input type="text"/>	Reason for leaving:	

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Fulltime for: Years Months <input type="text"/> <input type="text"/> Part-time for: Years Months <input type="text"/> <input type="text"/> If part-time number of hrs. worked per week: <input type="text"/>	Reason for leaving:	

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Fulltime for: Years Months <input type="text"/> <input type="text"/> Part-time for: Years Months <input type="text"/> <input type="text"/> If part-time number of hrs. worked per week: <input type="text"/>	Reason for leaving:	

(Use continuation sheets as necessary to account for your full record.)

References

Please do not list family relatives. We recommend listing persons such as coworkers, teachers, etc. who have knowledge of your qualifications for the position for which you are applying. Do not repeat names of supervisors listed with your employment record unless they can no longer be contacted at those addresses. Include complete addresses. If we may contact by telephone, please list the appropriate number.

- (a) Name: Address: Telephone #:
- (b) Name: Address: Telephone #:
- (c) Name: Address: Telephone #:

Please read and sign the statement below. We will not check a reference with your current employer unless you have given us permission on the previous page.

I certify that, to the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly misrepresented, falsified or omitted any information during the application process, I may be disqualified for employment consideration or dismissed from employment with the City.

I authorize my current and former employers to give any information regarding my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.

I also permit the City of Sanford to conduct a Police, Court, and/or Motor Vehicle Records investigation of my background.

I also authorize schools and other educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to City representatives who are investigating my educational background.

Signature

Date

Supplement to City of Sanford Employment Application

The City of Sanford is an Equal Opportunity Employer. Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be separated from your employment application. Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. The City of Sanford complies with the Immigration Reform and Control Act of 1986. All employees must provide documentation to verify identity and employment eligibility within the first three days of employment with the City of Sanford. **Completed applications may be returned to jobs@sanfordnc.net.**

I. Position Applied for:**Date of Application:****Name:*****Social Security Number:**

Last

First

MI

*SSN used, if necessary, for employment background investigation purposes.

II. Sex:

Male

Female

III. Ethnic Category (please check one):

- White (not of Hispanic origin)** *Origins in any of the peoples of Europe, North Africa or Middle East*
- Black (not of Hispanic origin)** *Origins in any of the black racial groups of Africa*
- Hispanic Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race**
- Asian or Pacific Islander** *Origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands*
- American Indian or Alaskan Native** *Origins in any of the original peoples of North America*

IV. How did you learn of this opening?

- Newspaper (specify):
- A City Employee
- Employment Security Commission
- City of Sanford Website
- Posting in Human Resources or other City location (specify):
- Other (please specify):

V. Selective Service Registration (for males ages 18 through 25):

If male and age 18 through 25, have you registered for Selective Service? Yes No

Males who are age 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Service Act. State law prohibits local governments from employing anyone who has not complied with this requirement. If you have not registered, you will have 30 days to comply if selected for a position as required by Federal law.

VI. Overtime Compensation Agreement:

Consistent with the provisions of the Fair Labor Standards Act, it is the City's policy to compensate non-exempt employees for overtime work with compensatory time off or overtime pay. If employed in a non-exempt position, I agree to accept, at the discretion of the City, either compensatory time off or overtime pay, as appropriate compensation for overtime work that I may be required to perform as an employee of the City of Sanford.

Certification (this form must be signed):

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.

Signature

Date

Employment History''(Continuation Sheet)

Record your complete work history in the spaces below (resume may be attached however this section must be completed). Begin with your current or most recent employer first. Use continuation sheets as necessary to account for your full record. List all positions held with one employer separately. Be sure to account for gaps in your employment history. Related volunteer experience should also be listed.

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Fulltime for: Years Months <input type="text"/> <input type="text"/>	Reason for leaving:	
Part-time for: Years Months <input type="text"/> <input type="text"/>		
If part-time number of hrs. worked per week: <input type="text"/>		

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Fulltime for: Years Months <input type="text"/> <input type="text"/>	Reason for leaving:	
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Fulltime for: Years Months <input type="text"/> <input type="text"/>	Reason for leaving:	
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