



Application For Employment

City of Kannapolis, North Carolina

401 Laureate Way
 Kannapolis, NC 28081
 704-920-4300

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

PLEASE PRINT

Position Applied For:	Department:
North Carolina Driver's License (if applicable):	Date of Application:

Last Name	First Name	Middle Name		
Address	Number & Street or P.O. Box	City	State	Zip Code
Telephone Number(s)		Cell Phone		

Best time to contact you: _____ am/pm

Have you filed an application with us before? If Yes, give date _____ Yes No

Have you ever been employed with us before? If Yes, give date _____ Yes No

Do any of your friends or relatives work here? Yes No

If Yes, state name and relationship _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Date available for work _____ Salary range desired _____

Are you available to work Full Time Part Time Temporary

Have you ever been convicted of a felony offense? (A "yes" answer will not automatically disqualify you from employment) Yes No

Have you ever been convicted of a traffic offense? (Answer if applying for a position that requires a driver's license) Yes No

For each conviction, please list (use additional sheet(s) if necessary):

Date	Offense	City/State	Disposition

NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, and nature of the offense will be taken into consideration.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.
 Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment History

(Start with present or last job. Include any job-related military service assignments and volunteer activities. Exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.)

EMPLOYER _____	DUTIES _____
Your job title _____	_____
From _____ To _____	_____
Address _____	_____
Telephone _____	_____
Supervisor _____	_____
Starting Salary _____ Ending _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving _____	_____

EMPLOYER _____	DUTIES _____
Your job title _____	_____
From _____ To _____	_____
Address _____	_____
Telephone _____	_____
Supervisor _____	_____
Starting Salary _____ Ending _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving _____	_____

EMPLOYER _____	DUTIES _____
Your job title _____	_____
From _____ To _____	_____
Address _____	_____
Telephone _____	_____
Supervisor _____	_____
Starting Salary _____ Ending _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving _____	_____

EMPLOYER _____	DUTIES _____
Your job title _____	_____
From _____ To _____	_____
Address _____	_____
Telephone _____	_____
Supervisor _____	_____
Starting Salary _____ Ending _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving _____	_____

Education

School	Name and Address of School	Course of Study	No. of Years Completed	Diploma/Degree
High School				
Technical, Business, or Trade School				
College(s)				
Graduate School				

Skills, Certifications, Additional Information

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 are applying. Include skills with equipment or machines you operate. If you wish consideration for clerical positions, indicate speeds for typing, computer software experience, etc. State any additional information you feel may be helpful to us in considering your application, including any job related training in the U.S. Military. Include professional affiliations and memberships.

References

List three persons who are not related to you and who have knowledge of your qualifications and fitness for the position for which you are applying. Do not include past supervisors.

Name	Business/Occupation	Address	Telephone

Are you able to furnish proof of employment authorization verifying your eligibility to work in the United States as required by the US Citizenship Immigration Services?

_____ Yes _____ No

FOR MALES AGE 18 THROUGH 25 ONLY

Males who are 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Service Act. State Law prohibits local government from employing anyone who has not complied with this requirement.

Please indicate if you have registered for Selective Service: _____ Yes _____ No

Conditions of Employment Statement

I certify that the information I have provided on my application is complete and accurate and give the City of Kannapolis the right to investigate all information given and to secure additional appropriate information if necessary. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment and hereby release from all liability all persons, companies, or corporations furnishing such information in good faith.

I understand and acknowledge that any employment relationship with the City of Kannapolis is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge 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 Kannapolis. Additionally, the completed application is not a contract or guarantee of employment.

I further understand that any misleading or incorrect statements or the failure to complete any part of this application not prohibited by law may render this application void and if employed, could be cause for immediate discharge. Also, I understand that if employed I would be required to abide by all rules and regulations of the Employer.

It is the policy of the City of Kannapolis to ensure that its employees are free from the effects of alcohol and drugs. I understand that all applicants selected for employment must satisfactorily pass a drug-screening test. Those applicants with a confirmed positive test for drugs/alcohol will not be hired.

APPLICANT'S SIGNATURE

DATE

Please make sure you have filled out all sections **COMPLETELY** and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. Once submitted, application materials become property of the City. An application must be received in Human Resources by 5pm on the closing date posted to ensure consideration.



COMPLETED APPLICATIONS MUST BE RETURNED TO:
City of Kannapolis
Human Resources Department
Location: 401 Laureate Way, Kannapolis, NC 28081



AFFIRMATIVE ACTION DATA RECORD

Employees are treated during the hiring process and employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government recordkeeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. **Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

PLEASE PRINT

Last Name	First Name	Middle Name
Address	Number & Street or P.O. Box	City
		State
		Zip Code
Telephone Number(s)		Cell Phone

REFERRAL SOURCE:

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employee	<input type="checkbox"/> Relative	<input type="checkbox"/> Private Employment Agency
<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Government Employment Agency	<input type="checkbox"/> Other _____

COMPLETE THE FOLLOWING:

Current Job:
Date of Birth:
Gender: _____ Male _____ Female
Ethnic Origin: _____ White _____ Black _____ Hispanic _____ American Indian/Alaskan Native
_____ Asian/Pacific Islander _____ Other _____
Check If Any Of The Following Are Applicable: _____ Vietnam Era Veteran _____ Disabled Veteran _____ Disabled Individual

Signature of Applicant

Date