

**TOWN OF WENDELL**  
**EMPLOYMENT APPLICATION**  
An Equal Opportunity/Affirmative Action Employer

Applications may be mailed to 15 E. Fourth Street Wendell, NC 27591-0828. [www.townofwendell.com](http://www.townofwendell.com)

Fill 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. **Unsigned, or incomplete applications will not be considered.** Once submitted, application materials become the property of the Town. An application must be received in Town Hall by 5 pm on the closing date.

**CURRENT INFORMATION**

(1) POSITION TITLE \_\_\_\_\_ DATE: \_\_\_\_\_

(2) When will you be available for employment? (i.e. immediately, 2 week notice) \_\_\_\_\_

(3) Are you seeking [ ] Full-time regular [ ] Part-time regular [ ] Temp. /prefer regular [ ] Temporary Only

(4) NAME: \_\_\_\_\_  
(Last) (First) (Middle)

(5) ADDRESS: \_\_\_\_\_  
Street & No. or P.O. Box City State Zip

(6) HOME TEL # ( ) \_\_\_\_\_ BUS. TELEPHONE # ( ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ (if applicable)

(7) Are you 18 or older? [ ] Yes [ ] No If NO, what is your birth date? \_\_\_\_\_

**GENERAL INFORMATION**

If you need to explain any answer, use the space under EXPLANATIONS near the end of this application.

(8) Apart from absences for religious observances, check conditions that you are willing to accept.  
[ ] night work [ ] weekend work [ ] overtime [ ] rotating shifts [ ] "on-call"

(9) Have you ever been employed with the Town of Wendell? [ ] Yes [ ] No  
If YES, what department and when: \_\_\_\_\_

(10) Have you applied to the Town of Wendell before? [ ] Yes [ ] No  
If YES, indicate what position and when: \_\_\_\_\_

(11) Are you now or were you previously related in any way to a Town employee? [ ] Yes [ ] No  
If YES, give name, relationship and department: \_\_\_\_\_

(12) Are you able to perform all of the duties of the job you have applied for? [ ] Yes [ ] No

(13) Have you ever been convicted of a felony? If YES, please explain under EXPLANATIONS. NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, length of time since the offense, and nature of the crime will be taken into consideration. [ ] Yes [ ] No

(14) Are you an American citizen or do you currently have authorization to work in the U.S.? [ ] Yes [ ] No

(15) Did you receive any of your education or employment experience under another name? [ ] Yes [ ] No  
If YES, please explain under EXPLANATIONS.

## EDUCATION

Provide your complete History

(16) Indicate highest school year completed (i.e. 8, 12, 16) \_\_\_\_\_

(17) Name of High School \_\_\_\_\_

(18) Have you received a high school diploma or equivalent? [ ] Yes [ ] No

| Education Beyond High School            | Name and Location | Attended From |     | Did You Graduate? | Credit Hours | Degree, Diploma, Certificate Earned or # of Yrs. | Major Minor |
|---|-------------------|---------------|-----|-------------------|--------------|--|-------------|
|   |                   | Yr.           | Yr. |                   |              |  |             |
| College(s)                              |                   |               |     | Yes<br>No         |              |  |             |
| Graduate or Professional Schools        |                   |               |     | Yes<br>No         |              |  |             |
| Technical Institutes, Internship, Other |                   |               |     | Yes<br>No         |              |  |             |

## KNOWLEDGE, SKILLS & ABILITIES

(22) Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. If you wish consideration for a secretarial/clerical position, indicate typing speed and word processing software packages known and/or used.

- (a) \_\_\_\_\_ (e) \_\_\_\_\_  
 (b) \_\_\_\_\_ (f) \_\_\_\_\_  
 (c) \_\_\_\_\_ (g) \_\_\_\_\_  
 (d) \_\_\_\_\_ (h) \_\_\_\_\_

## REGISTRATIONS, LICENSES, CERTIFICATIONS

(23) List fields of work for which you have been registered, licensed or certified:

Registration: State: No: Exp. Date:

Registration: State: No: Exp. Date:

Other:

(24) Please list your VALID DRIVER'S LICENSE NUMBER and the state in which it was issued. If you do not have a driver's license, please put "NONE" in the blank - **Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

(25) Is your driver's license a Commercial Driver's License? [ ] Yes [ ] No  
If YES, indicate the class \_\_\_\_\_

## **EMPLOYMENT**

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable). "See attached resume "is NOT acceptable in the duties space.**

### **A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)**

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_  
Employer or company \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_  
Employer or company address \_\_\_\_\_  
Name and Title of most current supervisor \_\_\_\_\_  
Full-time for: Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ # of employees supervised by your \_\_\_\_\_  
If you worked part-time, the number of hours worked per week \_\_\_\_\_  
DUTIES IN ORDER OF IMPORTANCE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
REASON FOR LEAVING or desiring a change \_\_\_\_\_

### **B. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)**

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_  
Employer or company \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_  
Employer or company address \_\_\_\_\_  
Name and Title of most current supervisor \_\_\_\_\_  
Full-time for: Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ # of employees supervised by your \_\_\_\_\_  
If you worked part-time, the number of hours worked per week \_\_\_\_\_  
DUTIES IN ORDER OF IMPORTANCE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

### **B. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)**

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_  
Employer or company \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_  
Employer or company address \_\_\_\_\_  
Name and Title of most current supervisor \_\_\_\_\_  
Full-time for: Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ # of employees supervised by your \_\_\_\_\_  
If you worked part-time, the number of hours worked per week \_\_\_\_\_  
DUTIES IN ORDER OF IMPORTANCE \_\_\_\_\_  
\_\_\_\_\_

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REASON FOR LEAVING \_\_\_\_\_

(26) Have you had disciplinary action taken against you in the past 12 months? [  ] Yes [  ] No  
If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)

(27) a.) Have you ever been dismissed or forced to resign from any job held? [  ] Yes [  ] No  
b.) Were you dismissed or forced to resign for disciplinary reasons? [  ] Yes [  ] No  
If YES to "a" or "b", explain under EXPLANATIONS. (A YES will not automatically disqualify you.)

(28) May we contact your present employer for reference prior to an interview (if granted)? [  ] Yes [  ] No  
If you are not currently employed, please check here N/A (\_\_\_\_). If No, explain under EXPLANATIONS.

### **EXPLANATIONS**

Item # \_\_\_\_\_  
Item # \_\_\_\_\_  
Item # \_\_\_\_\_  
Item # \_\_\_\_\_

### **Certification and Release (MUST BE SIGNED AND DATED BELOW)**

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly and negligently misrepresented, falsified or omitted any information during the application process or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town of Wendell; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the Town receives from an employer or educational institution under a promise of confidentiality.
- I also permit the Town of Wendell to conduct a Police, Court, Credit and/or Motor Vehicle Records investigation of my background where related to the job for which I am applying.
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently using or abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by the Town of Wendell, then I serve "at will". This means that I may be terminated at any time. I further understand that this "at will" employment relationship may not be changed by any written document unless such change is specifically approved by the Town Manager.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**SUPPLEMENT TO TOWN OF WENDELL  
EMPLOYMENT APPLICATION**

The Town of Wendell 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 separate 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. It will be maintained in personnel files which must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of state general statutes.

I. POSITION APPLIED FOR: \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

DATE OF APPLICATION: \_\_\_\_\_

II. SEX: (Please circle) Male Female

III. ETHNIC CATEGORY: (Please circle)  
(Failure to complete this portion of this form will have no impact on consideration of your application. )

**White** - Origins in any of the original peoples of Europe, North Africa, or the Middle East.  
**Black** - Origins in any of the Black racial groups of Africa. (Not Hispanic)  
**Hispanic** - Mexican, Puerto Rican, Cuban, Central, or South American or other Spanish Culture or origin regardless of race.  
**Asian or Pacific Islander** - Origins in 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.

**HOW DID YOU LEARN OF THIS OPENING: (Indicate below by placing a check beside the source)**

\_\_\_\_\_ Newspaper (specify): \_\_\_\_\_  
 \_\_\_\_\_ Employment Security Commission  
 \_\_\_\_\_ Job Line  
 \_\_\_\_\_ Employment Interest Card  
 \_\_\_\_\_ Came to Municipal Building  
 \_\_\_\_\_ Employment Opportunity List (where posted): \_\_\_\_\_  
 \_\_\_\_\_ Internet  
 \_\_\_\_\_ Other (specify): \_\_\_\_\_

**DRUG SCREENING**

All **FINAL** applicants for high risk or safety sensitive positions (HRSS) must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

**OVERTIME COMPENSATION AGREEMENT**

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we generally allow the employee to take time off for overtime worked. However, either time or pay is subject to supervisory approval and may be affected by budgetary constraints.

**SELECTIVE SERVICE REGISTRATION**

If **male** and age 18 to 26, have you registered for Selective Service?

(Please circle) Yes No

If not, you will have 30 days to comply if selected for a position as required by Federal law.

**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.

\_\_\_\_\_  
Name Date

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