

Town of Black Mountain
 160 Midland Avenue
 Black Mountain, NC 28711

Town of Black Mountain APPLICATION FOR EMPLOYMENT (Please Print)

828-419-9300
 FAX-828-669-4204
 TDD- 800-735-2962

PERSONAL DATA	SOCIAL SECURITY NUMBER	FIRST NAME	MIDDLE NAME	LAST NAME
	ADDRESS (Street Number and Name)	CITY	STATE	ZIP CODE
	PHONE (Home or Other Number Where You Can Be Reached) ()	BUSINESS PHONE ()		

AVAILABILITY	<ul style="list-style-type: none"> • Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, give date of the most recent application _____ • When are you available to begin employment? _____ • Check the types of work you will accept: <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Regular Full Time</td> <td><input type="checkbox"/> Regular Part Time</td> <td><input type="checkbox"/> Weekends</td> </tr> <tr> <td><input type="checkbox"/> Temporary Full Time</td> <td><input type="checkbox"/> Temporary Part Time</td> <td><input type="checkbox"/> Any of the above</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Night Work</td> </tr> </table> • Position Applied For _____ <div style="text-align: center; margin-left: 100px;"><i>Position Title</i></div> 	<input type="checkbox"/> Regular Full Time	<input type="checkbox"/> Regular Part Time	<input type="checkbox"/> Weekends	<input type="checkbox"/> Temporary Full Time	<input type="checkbox"/> Temporary Part Time	<input type="checkbox"/> Any of the above	<input type="checkbox"/> Night Work		
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<input type="checkbox"/> Temporary Full Time	<input type="checkbox"/> Temporary Part Time	<input type="checkbox"/> Any of the above								
<input type="checkbox"/> Night Work										

EDUCATION		HIGH SCHOOL	VOCATIONAL/ TECHNICAL SCHOOL	COLLEGE/ UNIVERSITY	GRADUATE/ PROFESSIONAL											
	School Name and Location															
	Circle Years Completed	9	10	11	12	GED	1	2	1	2	3	4	1	2	3	4
	Dates Attended (mo./yr.)	From:	To:	From:	To:	From:	To:	From:	To:							
	List Credit Hours Received: (S) Semester (Q) Quarter															
	Diploma/Degree Received															
	Course of Study															

TRAINING	List fields of work for which you have been registered, licensed or certified:
	Registration: _____ State: _____ No.: _____ Exp. Date: _____ Registration: _____ State: _____ No.: _____ Exp. Date: _____ _____ _____
	List internships, specific courses, workshops, training and/or rotations you may have had that relate to the position you are applying for. Include credit hours or CEU's if applicable: _____ _____

SKILLS

Indicate skills, knowledge and abilities in the following areas which relate to the position you are applying for. Please check all that apply and that you would be able to use immediately upon employment:

- Typing _____ wpm
- Shorthand _____ wpm
- Transcription _____ wpm
- Word Processing (specify equipment and software) _____
- Computer Operations (specify equipment) _____
- Computer Programming (specify languages and equipment) _____
- Other _____
- Speedwriting _____ wpm
- Data Entry _____ keystrokes/hr.
- Adding Machine/Calculator

GENERAL INFORMATION

- Are you a former employee of the Town of Black Mountain? No Yes

If yes, please indicate: Department _____ Date separated _____

- Are you related by blood or marriage to any person currently employed by the Town of Black Mountain? No Yes

If yes, please indicate: Name _____ Department _____ Relationship _____

- Are you legally eligible to work in the United States? No Yes
- If you are subject to Selective Service registration, are you in compliance? No Yes
- Have you ever been convicted of any unlawful offense, other than a minor traffic violation? No Yes

If yes, please explain: _____

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, nature of the crime and type of job for which you are applying will be considered.

- Do you have a valid driver's license? No Yes

List all states in which you have been licensed to drive in the past seven years:

State _____ Class/Type _____ Number _____ Exp. Date _____

State _____ Class/Type _____ Number _____ Exp. Date _____

State _____ Class/Type _____ Number _____ Exp. Date _____

EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job. Include periods of unemployment, self-employment, military service, internships, and volunteer and summer work. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application.

May we contact your present employer? Yes No

A	Employer (Present or most recent)		Address:		Phone No.	
	Job Title		Name of Supervisor		No. Supervised By You	
	Date Employment: (mo./yr.)		Starting Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	Reason for Leaving:	
	Date Separated: (mo./yr.)		Job Duties: (Be specific)			
	<input type="checkbox"/> Full-time _____ # Years _____ # Months					
	<input type="checkbox"/> Part-time _____ # Years _____ # Months					
If part-time, number of hours per week _____						

B	Employer (Present or most recent)		Address:		Phone No.	
	Job Title		Name of Supervisor		No. Supervised By You	
	Date Employment: (mo./yr.)		Starting Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	Reason for Leaving:	
	Date Separated: (mo./yr.)		Job Duties: (Be specific)			
	<input type="checkbox"/> Full-time _____ # Years _____ # Months					
	<input type="checkbox"/> Part-time _____ # Years _____ # Months					
If part-time, number of hours per week _____						

C	Employer (Present or most recent)		Address:		Phone No.	
	Job Title		Name of Supervisor		No. Supervised By You	
	Date Employment: (mo./yr.)		Starting Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	Reason for Leaving:	
	Date Separated: (mo./yr.)		Job Duties: (Be specific)			
	<input type="checkbox"/> Full-time _____ # Years _____ # Months					
	<input type="checkbox"/> Part-time _____ # Years _____ # Months					
If part-time, number of hours per week _____						

D	Employer (Present or most recent)		Address:		Phone No.	
	Job Title		Name of Supervisor		No. Supervised By You	
	Date Employment: (mo./yr.)		Starting Salary: \$ _____ per _____	Ending Salary: \$ _____ per _____	Reason for Leaving:	
	Date Separated: (mo./yr.)		Job Duties: (Be specific)			
	<input type="checkbox"/> Full-time _____ # Years _____ # Months					
	<input type="checkbox"/> Part-time _____ # Years _____ # Months					
If part-time, number of hours per week _____						

