



CANTON
NORTH CAROLINA

85 Summer Street, Canton, NC 28716 | 828-648-2363 | Fax: 828-646-3419

APPLICATION FOR EMPLOYMENT

Date _____

First Name _____ MI _____ Last Name _____

Present Address _____
Street City State Zip

Phone _____ Social Security # _____

Are you legally eligible for employment in the USA? Yes No
If hired, you are required to submit proof of your eligibility to work in the USA.

Are you over the age of eighteen? Yes No
If no, hire is subject to verification that you are of minimum legal age.

Employment Desired

Position(s) applied for _____

Employment Desired FULL-TIME ONLY PART-TIME ONLY

If needed, are you available to work outside the parameters of normal business hours to complete required/necessary job related functions? Yes No

Were you previously employed by us? Yes No If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Do you have reliable transportation to and from work? Yes No

Desired Salary \$ _____ (hourly) \$ _____ (annually)

Education

HIGH SCHOOL

Name of School _____ Location _____

Did you graduate? Yes No GED

COLLEGE/UNIVERSITY

Name of School _____ Location _____

Degree _____ Major _____ # Years Completed _____

PROFESSIONAL OR GRADUATE SCHOOL

Name of School _____ Location _____

Degree _____ Major _____ # Years Completed _____

Work Experience

Please list your work experience (past and present), beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Employer Name _____ Business Type _____

Company Address _____
Street City State Zip

Phone _____ Name of Last Supervisor _____

Employment Dates: Start _____ End _____ Salary: Start _____ End _____

Job Title _____ Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, and advancements or promotions.

Employer Name _____ Business Type _____

Company Address _____
Street City State Zip

Phone _____ Name of Last Supervisor _____

Employment Dates: Start _____ End _____ Salary: Start _____ End _____

Job Title _____ Reason for leaving (be specific) _____

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Company Address _____
Street City State Zip

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Employment Dates: Start _____ End _____ Salary: Start _____ End _____

Job Title _____ Reason for leaving (be specific) _____

List the jobs you held, duties performed, skills used or learned, and advancements or promotions.

Are you currently employed? Yes No

May we contact your present employer? Yes No

What number is the best for us to reach you if we would like to follow-up? _____

References

Please list below three people who are not related to you who have knowledge of your work performance and/or personal qualifications within in the last 5 year.

Name _____ Years Acquainted _____
Company _____ Occupation _____
Company Address _____
Street City State Zip
Phone _____ Email _____

Name _____ Years Acquainted _____
Company _____ Occupation _____
Company Address _____
Street City State Zip
Phone _____ Email _____

Name _____ Years Acquainted _____
Company _____ Occupation _____
Company Address _____
Street City State Zip
Phone _____ Email _____

Application Form Waiver - Please Read Carefully

In exchange for the consideration of my job application by the Town of Canton, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Town of Canton practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Town of Canton, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Town Manager of the Town of Canton. Both the undersigned and/or the Town may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Town may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Town of Canton permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Town of Canton from any liability as a result of such contact.

I also understand that (1) the Town of Canton has a drug and alcohol policy that provides for preemployment testing (as required) as well as random testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I further understand that my employment with the Town of Canton shall be probationary for a period of six (6) months, and further that at any time during the probationary period thereafter, my employment relation with the Town of Canton is terminable at will for any reason by either party.

Applicant's Signature: _____

Date: _____