



**CITY OF RANDLEMAN  
APPLICATION FOR EMPLOYMENT**



**PERSONAL**

Last Name			First	Middle	Date
Street Address					Home Telephone (    )
City		State	Zip		Business Telephone (    )
Have you ever applied for employment with us previously? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, Month and Year of last application: _____					Social Security Number _____ - _____ - _____
Position Applying For					Desired Pay Rate
Apart from absence for religious observance, are you available for full time work? <input type="checkbox"/> Yes <input type="checkbox"/> No    If no, what hours can you work? _____					
Are you legally eligible for employment in the United States and the State of North Carolina?					
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a courts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full below:					The City of Randleman will perform a driver history on prospective employees to verify status and validity.  Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No  State of Issue: _____ License Number: _____ Expiration Date: _____
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, with what employers? _____					
Do you have any special training or skills (Languages, machine operation, etc.)?					

**EDUCATION**

School	Name and Location of School	Course of Study	# of Years Completed	Year Graduated	Type of Degree?
High School					
Business/Trade/Technical School					
College					
Graduate					
Other					

# EMPLOYMENT HISTORY

Please give accurate, complete full-time and part-time employment records beginning with your present or most recent employer.

**1**

Organization Name:	Telephone:
Address:	Dates Employed From: _____ To: _____
Name and Job Title of Supervisor:	Annual Salary: Starting: _____ Ending: _____
State Job Title and Describe Your Work:	
Reason(s) for Leaving:	

**2**

Organization Name:	Telephone:
Address:	Dates Employed From: _____ To: _____
Name and Job Title of Supervisor:	Annual Salary: Starting: _____ Ending: _____
State Job Title and Describe Your Work:	
Reason(s) for Leaving:	

**3**

Organization Name:	Telephone:
Address:	Dates Employed From: _____ To: _____
Name and Job Title of Supervisor:	Annual Salary: Starting: _____ Ending: _____
State Job Title and Describe Your Work:	
Reason(s) for Leaving:	

**4**

Organization Name:	Telephone:
Address:	Dates Employed From: _____ To: _____
Name and Job Title of Supervisor:	Annual Salary: Starting: _____ Ending: _____
State Job Title and Describe Your Work:	
Reason(s) for Leaving:	

## ADDITIONAL INFORMATION

Membership in professional and civic organizations, special accomplishments, awards, professional certifications, etc.  
(Please exclude those that may disclose your race, color, religion, age or natural origin)

## PROFESSIONAL REFERENCES

Please include professional references only such as direct supervisors or  
Coworkers who can attest to your professional qualities.  
*Please do not include family members as references.*

1	Name:		Home or Cell Phone:
	Address:		Business Phone:
	Job Title:	Relationship:	How long have you known them?
2	Name:		Home or Cell Phone:
	Address:		Business Phone:
	Job Title:	Relationship:	How long have you known them?
3	Name:		Home or Cell Phone:
	Address:		Business Phone:
	Job Title:	Relationship:	How long have you known them?
4	Name:		Home or Cell Phone:
	Address:		Business Phone:
	Job Title:	Relationship:	How long have you known them?

## APPLICANT SIGNATURE

Please read and understand the following the statements before signing your application.

- A. The information I have provided in this application for employment is true, correct and complete. False, incomplete or misrepresented information, of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment with the City of Randleman.
- B. I authorize the City of Randleman to contact and obtain information about me from previous employers, educational institutions and the professional references that I have provided, and any other party deemed necessary by the City of Randleman to verify accuracy of the information disclosed within this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims that I may have otherwise against the City of Randleman and it's representatives, for seeking and using information to evaluate my employment request and all other persons, corporations, or organizations who provide information for this purpose.
- C. This application will expire in 30 days. After that date, unless notified otherwise, I understand that my status as an applicant will end and I may reapply for employment in the future by completing a new application.
- D. This application is not an employment agreement. If I am offered an employment opportunity with the City of Randleman, I understand that the City of Randleman may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such an officer.

I FULLY UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS IN THE ABOVE STATEMENTS.

SIGNED:

DATE:



CITY OF RANDLEMAN  
VOLUNTARY INFORMATION



The City of Randleman does not discriminate based on race, ethnicity, gender, age, sexuality, religious affiliation, disability, or any other identifying factors.

This information is to be completed by the applicant on a voluntary basis. This information will be used and kept confidential in accordance with applicable laws and regulations. The City of Randleman will utilize the information to comply with requirements regarding government record keeping, reporting, and other legal obligations, which may apply for federal reporting purposes.

We invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Not completing the survey will not subject you to any adverse personnel decision or actions. Your cooperation is appreciated.

---

PLEASE PRINT LEGIBLY

APPLICANT INFORMATION:

Name: \_\_\_\_\_  
Last First Middle

MALE  FEMALE

DATE OF BIRTH (MM/DD/YYYY): \_\_\_\_\_

Please check one of the following Equal Opportunity Identification Groups:

- Caucasian (Not of Hispanic Origin)
- African American / Black (Not of Hispanic Origin)
- American Indian / Alaskan Native
- Asian/Pacific Islander
- Hispanic
- Other: \_\_\_\_\_