



Employment Application

An Equal Opportunity /Drug Free Employer

3715 Clemmons Road, Clemmons, North Carolina 27012

(336) 766-7511

www.clemmons.org

Please print in ink or type. Fill out all sections of this application 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 and incomplete applications may not be considered. Once submitted, application materials become the property of the Village. Applications from applicants not hired will remain on file for two years.

CURRENT INFORMATION

Position applied for: _____ Date: _____

When will you be available for employment: _____

Salary desired: _____

Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Telephone: (____) _____ (____) _____

Home / Business / Cell

Home / Business / Cell

Email Address: _____

Are you 18 or older? Yes No

GENERAL INFORMATION

Have you ever been employed with Clemmons? If Yes, what position & when? Yes No

Have you applied to Clemmons before? If Yes, what position & when? Yes No

Will you accept employment requiring occasional night work or weekend work? Yes No

Are you able to perform all the duties of the job for which you have applied if reasonable accommodations are made? Yes No

Have you ever been convicted of or pleaded no contest to any violation of law other than minor traffic tickets? Yes No

Do you have any criminal charges or procedures pending? Yes No

Are you authorized to work in the United States? Yes No

EDUCATION	Name & Location	Did you Graduate?	Diploma, Certificate or Degree Earned	Major / Minor Subject
High School		Yes No		
Technical Institute		Yes No		
College		Yes No		
Graduate School		Yes No		

SKILLS, KNOWLEDGE & ABILITIES

Please list any skills, knowledge or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate.

List fields of work for which you have been registered, licensed or certified.

Registration: _____ State: _____ No: _____ Exp. Date: _____

Registration: _____ State: _____ No: _____ Exp. Date: _____

Other: _____

Please complete if the operation of a motor vehicle is a requirement for the position to which you are applying.

Driver's License Number _____ State _____

Is your driver's license a commercial driver's license? Yes No

If Yes, indicate the class: _____

MILITARY SERVICE

Branch of Service: _____ Years of Service: _____

Type of Discharge _____ Rank at time of Discharge: _____

Are you currently a member of the National Guard or Reserves? Yes No

VOLUNTEER EXPERIENCE

Please share any volunteer experiences that relate to the position to which you are applying.

Organization	Duties	Years of Service
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EMPLOYMENT

Record your last three employers. Begin with your current or most recent position. Explain any gaps in your employment. Please be thorough, including completing the "Duties" lines. "See attached resume" is not acceptable.

Date Employed: _____	Date Separated: _____	
Employer: _____		
Supervisor's Name: _____		
Address: _____		
Street	City	State
Telephone Number: (_____) _____		
Job Title: _____		
Duties in order of Importance: _____		
Starting Salary: _____	Ending Salary: _____	
Reason for Leaving: _____		

Date Employed: _____	Date Separated: _____	
Employer: _____		
Supervisor's Name: _____		
Address: _____		
Street	City	State
Telephone Number: (_____) _____		
Job Title: _____		
Duties in order of Importance: _____		
Starting Salary: _____	Ending Salary: _____	
Reason for Leaving: _____		

Date Employed: _____	Date Separated: _____	
Employer: _____		
Supervisor's Name: _____		
Address: _____		
Street	City	State
Telephone Number: (_____) _____		
Job Title: _____		
Duties in order of Importance: _____		
Starting Salary: _____	Ending Salary: _____	
Reason for Leaving: _____		

PERSONAL REFERENCES

Please list three references that have personal knowledge of your work performance. Do not include family members or past supervisors.

Name	Phone Number	Address	Relationship	Years Known

OTHER INFORMATION

Have you had disciplinary action taken against you in the past 12 months of employment? If Yes, explain _____ Yes No

Have you ever been dismissed or forced to resign from any job? If Yes, explain _____ Yes No

May we contact your present employer for reference? Yes No

I authorize the Village of Clemmons to conduct a personal background investigation in connection with my application. This investigation may include information from educational institutions, police and /or court records, Department of Motor Vehicle records, listed personal references and/or other references, previous employers and other appropriate sources.

I authorize the release of any information the Village of Clemmons may request from the above sources. I further waive all rights to inspection or review of any information compiled.

I fully understand all information gained from such investigation is confidential.

I agree to provide any further information which may be requested and hereby certify that there are no willful or negligent misrepresentations, omissions, or falsifications in the application or documents furnished or answers to questions. I am aware should any investigation disclose any willful misrepresentations, omissions, or falsifications that my application may be rejected. Additionally, I am aware that willful misrepresentations, omissions, or falsifications in the application or documents furnished or answers to questions are grounds for termination should I be employed by the Village of Clemmons.

I hereby release the Village of Clemmons, its agents and representatives and any person(s) so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such document, record, and other information for the investigation made by the Village of Clemmons.

Furthermore, I understand that employment with the Village of Clemmons is contingent upon the successful completion of a drug-screening test to be administered after an offer of employment is made. (Successful completion of the test means that the person tested negative for illegal drugs and substance abuse.)

SIGNATURE _____

DATE _____