

Town of Weaverville Employment Application

<u>Mail To:</u>	Town of Weaverville Human Resources Officer PO Box 338 Weaverville, NC 28787	<u>Deliver To:</u>	Human Resources Officer Town of Weaverville 30 South Main Street Weaverville, NC 28787
Office #	(828) 645-7116	Fax #	(828) 645-4776
Website	<u>https://weavervillenc.org/</u>	Email	<u>employment@weavervillenc.org</u>

It is the policy of the Town of Weaverville to hire and promote the best-qualified individual(s) available. To this end, no person shall be refused employment, denied promotion or assignment, discharged or otherwise be discriminated against or given preference in any aspect of the employment relationship on the basis of race, gender, religion, age, political affiliation, national origin, sexual orientation, physical or mental disability, genetic information, or any other non-job related factor, except when certain physical and mental requirements are bona-fide occupational qualifications. The Town of Weaverville is an E-verify employer. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

The Town of Weaverville is an "at will" employer and no Town policy, practice, or procedure, can or should be interpreted as providing any contractual obligations related to employment or compensation. Applicants that are hired, promoted or transferred will be required to serve a probationary period during which certain rights and/or benefits under Town policies may not apply.

The Human Resources Office may have resources to assist applicants with the application and/or interview process. If special needs are to be considered, please call (828) 645-7116. If you wish to request a reasonable accommodation you can also contact the Town's ADA Coordinator at (828) 645-7116 or compliance@weavervillenc.org.

CAREFULLY READ the descriptions of positions found on our website or elsewhere to assure you meet the qualifications for the position(s).

POSITION(S) YOU ARE SEEKING:

Rank order your preferences (1 = Most Desired, 2 = Next Desired, etc)

POSITION	RANK ORDER	APPLICANTS – Leave Blank

ANSWER ALL QUESTIONS – PLEASE PRINT OR TYPE

CONTACT INFORMATION

Applicant N	plicant Name Last Name First N				Mie	ddle	Nar	ne Yo	u Go By
Current Add	lress –	Number an	d Street Name	City	y	Coun	ty	ST	Zip
Permanent Address	Same	Number an	d Street Name	Cit	y	County		ST	Zip
Drivers License State Issued Expiration Date No. (MUST BE VALID)						E-mail /	Address		

Telephone				
Numbers	Residence	Business	Cell	Other

EDUCATION AND TRAINING

Name of High School										
Name of High School			Addr	ess		City		State		
			Che	ck the Type of Diplom	na c	or Certificate				
Did you graduate?	Yes	No		General Education D)ipl	loma 🗌 GED				
	1				1					
Name of Vocational										
School, College,										
Univ.	Address					City		State		
		Identify Type of Degree a				nd Major Area of Study				
			Deg	gree						
Did you graduate?	Yes	No	Rec	eived	Major					
Name of Vocational	1									
School, College,										
Univ.	Address					City		State		
			Ide	ntify Type of Degree a	nd	Major Area of Study				
			Deg	gree						
Did you graduate?	Yes	No	Rec	eived	N	lajor				

Identify any or all certifications you possess that pertain to the position(s) or as a required qualification:

Describe job skills, special training, &/or license(s) you possess pertaining to the position(s) or as a required

WORK EXPERIENCE

10 years	s showin	g changes	in title o		ll time periods of employ ly. Attach additional shee				
From To		Name of	Cu	rront or I a	ast Position Title	Employees			
Мо	Yr	Мо	Yr	Name of	Employer	Cu			Supervised
Prior Er	nployme	nt Status		Address	City	ST ZIP Supervisor Name			Phone
	Full Time		Part Time						
Reason	for want	ing to lea	ve?	Duties:				· ·	
Fro			0	Name of		Employees			
Мо	Yr	Мо	Yr	Name of	Linployer		Lastio	sition Title	Supervised
Prior Er	nployme	nt Status		Address	City	ST	ZIP	Supervisor Name	Phone
	Full Time		Part Time						
Reason	Reason for Leaving			Duties:					
Fro	m	Т	0	Namo		Employees			
Мо	Yr	Мо	Yr	Name of Employer			Lastru	sition Title	Supervised
Prior Er	nployme	nt Status		Address	City	ST	ZIP	Supervisor Name	Phone
	Full Time		Part Time						
Reason	for Leavi	ing		Duties:			•	·	

ANSWER EACH QUESTION BELOW							
1.	Are you now, or have you ever been, employed by the Town of Weaverville?	Yes	No				
	If YES, identify most recent employment dates, job title, department , and/or reason for leaving in the "comments" section below.						
2.							
	If YES, list their name(s), position title, department assigned, and their relationship to you in the "comments" section below.						
3. Were you ever discharged or forced to resign from employment due to misconduct or unsatisfactory services?							
	If YES, explain in the "comments" section below. Prior discharges or forced resignations will not necessarily disqualify you from employment.						
4.	This question is for Males 18 through 25 Only - Federal law requires males age 18 through 25 to register with the N/A	Yes	No				
	Federal government to comply with the Military Selective Service Act. North Carolina GS 143B-421.1 prohibits local governments from employing any males who have not complied with the federal Selective Service Registration regulations. If this requirement pertains to you, have you complied with the Federal law? (check the appropriate box to the right).						
<u>Co</u>	mments (for any YES answer from above, give number and explain):						

COVER LETTERS AND RESUMES

Cover letters and/or resumes can be submitted with any application. Some positions require that a cover letter and/or resume be submitted with the application. These requirements will be indicated in the job advertisement. Your cover letter should explain why you are seeking employment with the Town of Weaverville, your qualifications for the position that you are applying for, and any additional information that you wish to share related to your application. Failure to submit a cover letter and/or resume if required to do so may result in an incomplete application.

APPLICANT CERTIFICATION AND AUTHORIZATION

READ THIS VERY CAREFULLY BEFORE SIGNING

I certify that all statements made in this application are true, complete and correct to the best of my knowledge and belief, and that any false statements or major omissions shall be considered sufficient cause for employment disqualification or dismissal.

I further acknowledge that any or all information provided by me is subject to verification and hereby authorize the Town of Weaverville to conduct a personal background investigation of me including any current or prior criminal arrests, convictions, and driving history.

By my signature below, I authorize the Town of Weaverville to contact my current and/or all former employers, as well as schools or other educational institutions that I may have attended, and obtain any information about my qualifications for employment including current or prior work history, scholastic ratings and records, and any other information they may have regarding me, whether or not it is on their records.

I also authorize my current and/or former employers and educational institutions to release any information requested by the Town of Weaverville.

Applicant Signature	Signature Date

TOWN OF WEAVERVILLE EQUAL OPPORTUNITY EMPLOYER QUESTIONNAIRE

PLEASE COMPLETE THIS FORM - IT WILL BE REMOVED PRIOR TO PROCESSING

In order to comply with United States Government Equal Employment Opportunity requirements, all applicants for employment are requested to complete this form. Data collected will be used for statistical reporting purposes and to measure the effectiveness of recruitment efforts and selection procedures. This information is requested on a voluntary basis, will be kept confidential, and is not available to hiring authorities. Refusing to provide the information will not result in any adverse treatment with respect to the employment or selection process.

The Town of Weaverville is an equal opportunity employer. In accordance with applicable laws and regulations, the City does not discriminate on the basis of disability or other prohibited criteria. If you believe you have been treated unfairly or discriminated against on the basis of race, color, national origin, gender, age, religion, political affiliation, sexual orientation, disability or genetic information, please contact the Human Resources Officers at (828) 645-7116.

DISABLED APPLICANTS: The Human Resources Office may have resources to assist applicants with the application and/or interview process. If special needs are to be considered, please call (828) 645-7116. If special needs are to be considered, please call (828) 645-7116. If you wish to request a reasonable accommodation you can also contact the Town's ADA Coordinator at (828) 645-7116 or compliance@weavervillenc.org.

	Effective Date (mm/dd/yy)				
Job Title					
Applicant Name					
Are you age 40 or over? 🛛 Yes 🗌 No					
Gender Identification 🗌 Female 🗌 M	Iale 🗌 Non-Binary 🗌 Prefer Not to Answer				
Are you a veteran of the United States Armed Forces?	🗌 Yes 🗌 No				
If "Yes" - Branch of Service	Type of Discharge				
<u>Ethnic Origin</u> (Check one)					
 White (not of Hispanic origin): All persons with origins in any peoples of Europe, North Africa or the Middle East Black (not of Hispanic origin): All persons with origins in any of the black racial groups of Africa. <u>Hispanic</u>: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. <u>Asian or Pacific Islander</u>: All persons with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes for example, China, India, Japan, Korea and Samoa <u>American Indian or Alaskan Native</u>: All persons with origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. 					
To help us ensure our recruitment efforts are targeted to and reaching all segments of our recruitment area and community, please identify how you first learned of this job opening (check only one box).					
A Friend or Relative	A Town Employee or Elected Official				

A Friend or Relative	A Town Employee or Elected Official
Newspaper (name):	Cable or other TV/Radio (which channel):
Town Website	Internet (identify web site):
Other means (identify):	

If you are disabled and would like to request testing accommodations, please describe:

Thank you for making an application for this position and in your decision to select the Town of Weaverville as a possible employer. If you need clarification of information on this form, please contact our Human Resources Officer at (828) 645-7116.