

APPLICATION PROCEDURES

1. Town of Maggie Valley Applications are accepted for current vacancies only. Current vacancies are available from the Human Resources Office or our website maggievalleync.gov. A separate Town of Maggie Valley application must be completed for each vacancy and photocopies are acceptable with original signature. Applications submitted become property of the Town and will not be returned.
2. Please review the education and experience requirements for each position. These are minimum standards that applicants must meet or exceed to be given consideration for employment. Applications must be received in the Human Resources Department no later than 5:00 PM on the established closing date.
3. You **must** complete all parts of the application. (Resumes are welcome as a supplement, but may not be submitted in place of the employment application.)
4. Failure to respond to all parts of the application will result in your not being considered for the vacancy.

We thank you for your interest in employment with Town of Maggie Valley. Our interest and efforts are to find the best qualified individuals to serve our citizens. Although everyone who applies cannot be hired, your application will be given every consideration. Applicants will be notified when the position has been filled.

Job Title Applying for:

Date:

PERSONAL DATA

First Name:	Middle Name:	Last Name:
Mailing Address:		City:
State:	Zip Code:	Email :
Telephone: (home or other number you can be reached)		

EDUCATION

Schools	Years Completed	School Name and Location	Dates Attended From: To:	Degree Received	Major/Minor Coursework
High School					
Vocational/ Technical School					
College/ University					
Graduate/ Professional					

Town of Maggie Valley
3987 Soco Road
Maggie Valley, NC 28751

PHONE: (828) 926.0866

EMPLOYMENT HISTORY

In the space below, give your employment history beginning with your current and most recent employer. Include periods of unemployment, military, self-employment. Indicate whether employment was full-time or part-time, and if part-time state the average number of hours worked per week.

May we contact your present employer? Yes No

A. Employer:	Address:	Phone:
Job Title:	Name of Supervisor:	No. Supervised by you:
Date Employed (mo/yr):		Reason for leaving:
Date Separated (mo/yr):	Job Duties: (be specific)	
Full Time # Years # Months		
Part Time # Years # Months		
If part time, # of hours per week:		

B. Employer:	Address:	Phone:
Job Title:	Name of Supervisor:	No. Supervised by you:
Date Employed (mo/yr):		Reason for leaving:
Date Separated (mo/yr):	Job Duties: (be specific)	
Full Time # Years # Months		
Part Time # Years # Months		
If part time, # of hours per week:		

C. Employer:	Address:	Phone:
Job Title:	Name of Supervisor:	No. Supervised by you:
Date Employed (mo/yr):		Reason for leaving:
Date Separated (mo/yr):	Job Duties: (be specific)	
Full Time # Years # Months		
Part Time # Years # Months		
If part time, # of hours per week:		

EMPLOYMENT HISTORY CONTINUED

D. Employer:	Address:	Phone:
Job Title:	Name of Supervisor:	No. Supervised by you:
Date Employed (mo/yr):		Reason for leaving:
Date Separated (mo/yr):	Job Duties: (be specific)	
Full Time # Years # Months		
Part Time # Years # Months		
If part time, # of hours per week:		

E. Employer:	Address:	Phone:
Job Title:	Name of Supervisor:	No. Supervised by you:
Date Employed (mo/yr):		Reason for leaving:
Date Separated (mo/yr):	Job Duties: (be specific)	
Full Time # Years # Months		
Part Time # Years # Months		
If part time, # of hours per week:		

State briefly why you are applying for this position:

SKILLS

List fields of work for which you are licensed, registered or certified, giving date(s) and source(s) of issuance.
If the position applied for calls for specific courses, please indicate those taken and credit hours received.
Do you have a valid drivers licences _____
Driver's license Number _____ State _____
List states you have been licensed to drive in the past 7 years

GENERAL INFORMATION

When will you be available for employment? _____

If you are subject to Selective Service Registration Requirement, are you in compliance? Yes No

Are you seeking: Full Time Part-time Temporary

Do you now work for Town of Maggie Valley? Yes No

Are you a former Town of Maggie Valley Employee? Yes No

If yes, please indicate Department: _____ Date terminated: _____

Reason for termination: _____

Are you related by blood or marriage to any person now employed by Town of Maggie Valley? Yes No

If yes, indicate Name: _____ Department: _____

Have you ever been convicted of an offense against the law or forfeited or been denied a fidelity bond?
 Yes No

If yes, please explain: _____
 (additional information may be submitted on a supplemental sheet)

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

REFERENCES

List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying such as co-workers, teachers, etc. DO NOT repeat the names of supervisors previously listed.

Names	Address	Phone

CERTIFICATE OF APPLICANT

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. In addition, I give the following Authorization to Release information: I hereby authorize my previous employers, personal references listed, and other persons or institutions shown on my application to provide Town of Maggie Valley any information requested. I further authorize Town of Maggie Valley to conduct a Police and Records investigation of my background as well as a credit check if necessary. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed. I understand if I am hired, I will be required to provide proof of identity and legal authorization to work in the U.S. and federal immigration laws require me to complete an I-9 form in this regard.

Applicant's Signature: _____ Date: _____

(unsigned applications will not be processed)

An Equal Opportunity Employer