TOWN OF MAGGIE VALLEY
EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer
http://www.maggievalleync.gov

Applications may be mailed or hand delivered to Town of Maggie Valley, 3987 Soco Road, Maggie Valley, NC 28751 or emailed to the email address in the position posting.

Fill out all sections **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, or incomplete applications will not be considered**. Once submitted, application materials become the property of the Town. An application must be received in Town Hall by 5 pm on the closing date posted to ensure consideration. The Town does **not** accept FAXED applications. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," **APPLY IMMEDIATELY**.

CURRENT INFORMATION

(1) POSITION TITLE_____DATE: _____

(2) When will you be available for employment? (i.e. immediately, 2 weeks notice)_____

(3) Are you seeking [ ] Full-time regular [ ] Part-time regular [ ] Temp./prefer regular [ ] Temporary Only

(4) NAME:_____
(Last) (First) (Middle)

(5) ADDRESS:_____
Street & No. or P.O. Box Town State Zip

(6) HOME TEL # ( )_____ BUS. TELEPHONE # ( )_____

MOBILE TEL# _____ E-MAIL ADDRESS _____

(7) Are you 18 or older? [ ] Yes [ ] No If NO, what is your birth date? _____

GENERAL INFORMATION

If you need to explain any answer, use the space under EXPLANATIONS near the end of this application.

(8) Apart from absences for religious observances, check conditions that you are willing to accept.

Occasional:	[ ] night work	[ ] weekend work	[ ] overtime	[ ] rotating shifts	[ ] "on-call"
Regular:	[ ] night work	[ ] weekend work	[ ] overtime	[ ] rotating shifts	[ ] "on-call"
Frequent	[ ] night work	[ ] weekend work	[ ] overtime	[ ] rotating shifts	[ ] "on-call"

(9) Have you ever been employed with the Town of Maggie Valley? [ ] Yes [ ] No
If YES, what department and when:_____

(10) Have you applied to the Town of Maggie Valley before? [ ] Yes [ ] No
If YES, indicate what position and when: _____

(11) Are you willing to accept a salary within the advertised normal starting salary range? [ ] Yes [ ] No

(12) Are you now or were you previously related in any way to a Town employee? [ ] Yes [ ] No
If YES, give name, relationship and department: _____

(13) Are you able to perform all of the duties of the job you have applied for? [ ] Yes [ ] No

(14) Are you an American citizen or do you currently have authorization to work in the U.S.?[ ] Yes [ ] No

15) Did you receive any of your education or employment experience under another name?[ ] Yes [ ] No
If YES, please explain under EXPLANATIONS.

EDUCATION

Provide your complete history

(16) Indicate highest school year completed: (i.e. 8, 12, 16) _____

(17) Name of High School _____ Town _____ State_____

(18) Have you received a high school diploma or equivalent? [ ] Yes [ ] No

Education Beyond High School	Name and Location	Attended From Mo.	Yr.	Mo.	Yr.	Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
College(s) University(ies)						**Yes No**			
Graduate or Professional Schools						**Yes No**			
Technical Institutes, Internship, Other						**Yes No**			

KNOWLEDGE, SKILLS & ABILITIES

(23) Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. If you wish consideration for a secretarial/clerical position, indicate typing speed and word processing software packages known and/or used.

(a)_____ (e)_____
(b)_____ (f)_____
(c)_____ (g)_____
(d)_____ (h)_____

REGISTRATIONS, LICENSES, CERTIFICATIONS

(24) List fields of work for which you have been registered, licensed or certified:

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

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

Other:_____

(25) Please list your **VALID DRIVER'S LICENSE NUMBER** and the state in which it was issued. If you do not have a driver's license, please put "NONE" in the blank - **Number**:_____
State:_____

(26) Is your driver's license a Commercial Driver's License? [ ] Yes [ ] No
If YES, indicate the class_____

EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable). "See attached resume" is NOT acceptable in the duties space.**

A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # (___) _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs ____ Mos ___ Part-time for: Yrs ___ Mos ___ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary ____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # (___) _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs ____ Mos ___ Part-time for: Yrs ___ Mos ___ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary ____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # (___) _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs ____ Mos ___ Part-time for: Yrs ___ Mos ___ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

D. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary ____
Date employed _____ Date Separated _____
Employer or company _____ Telephone # (___) _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs ____ Mos ___ Part-time for: Yrs ___ Mos ___ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

E. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____Starting Salary_____Last Salary____
Date employed_____ Date Separated_____
Employer or company _____Telephone # (___)_____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs ____ Mos ___ Part-time for: Yrs ___ Mos ___# of employees supervised by you_____
If you worked part-time, the number of hours worked per week_____

_____
_____
_____
REASON FOR LEAVING_____

F. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____Starting Salary_____Last Salary____
Date employed_____ Date Separated_____
Employer or company _____Telephone # (___)_____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs ____ Mos ___ Part-time for: Yrs ___ Mos ___# of employees supervised by you_____
If you worked part-time, the number of hours worked per week_____
DUTIES IN ORDER OF IMPORTANCE _____

_____
_____
_____
REASON FOR LEAVING_____

(27) Have you had disciplinary action taken against you in the past 12 months? ? [ ] Yes [ ] No
If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)

(28) a) Have you ever been dismissed or forced to resign from any job held? [ ] Yes [ ] No
b) Were you dismissed or forced to resign for disciplinary reasons? [ ] Yes [ ] No
If YES to "a" or "b", explain under EXPLANATIONS. (A YES will not automatically disqualify you.)

(29) May we contact your present employer for reference prior to an interview (if granted)? [ ] Yes [ ] No
If you are not currently employed, please check here N/A (___). If NO, explain under EXPLANATIONS.

EXPLANATIONS

ITEM # _____---_____
ITEM # _____---_____
ITEM #_____---_____
ITEM # _____---_____

Certification and Release (MUST BE SIGNED AND DATED BELOW)

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town of Maggie Valley; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the Town receives from an employer or educational institution under a promise of confidentiality.
- I also permit the Town of Maggie Valley to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background where related to the job for which I am applying.
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently using or abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by the Town of Maggie Valley, then I serve "at will". This means that I may be terminated at any time. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the Town Manager

SIGNATURE_____**DATE**_____

SUPPLEMENT TO TOWN OF MAGGIE VALLEY
EMPLOYMENT APPLICATION

The Town of Maggie Valley is an Equal Opportunity Employer. **Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be separate from your employment application.** Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. It will be maintained in personnel files which must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of state general statutes.

I. POSITION APPLIED FOR:_____

NAME:_____
Last **First** **Middle**

DATE OF APPLICATION:_____

II. SEX: (Please circle) Male Female

III. ETHNIC CATEGORY: (Please circle)

White - Origins in any of the original peoples of Europe, North Africa, or the Middle East.
Black - Origins in any of the Black racial groups of Africa. (Not Hispanic)
Hispanic - Mexican, Puerto Rican, Cuban, Central, or South American or other Spanish Culture or origin regardless of race.
Asian or Pacific Islander - Origins in the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.
American Indian or Alaskan Native - Origins in any of the original peoples of North America.

HOW DID YOU LEARN OF THIS OPENING: (Indicate below by placing a check beside the source)

_____ Newspaper (**specify**): _____
_____ Employment Security Commission
_____ Job Line
_____ Employment Interest Card
_____ Came to Municipal Building
_____ Employment Opportunity List (**where posted**): _____
_____ Internet
_____ Other (specify):
_____

DRUG SCREENING

All ***FINAL*** applicants for high risk or safety sensitive positions (HRSS) must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

OVERTIME COMPENSATION AGREEMENT

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we generally allow the employee to choose between time off or pay for overtime worked. However, either is subject to supervisory approval and may be affected by budgetary constraints.

SELECTIVE SERVICE REGISTRATION

If **male** and age 18 to 26, have you registered for Selective Service?

(Please circle) Yes No

If not, you will have 30 days to comply if selected for a position as required by Federal law.

CERTIFICATION (THIS FORM MUST BE SIGNED)

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.

_____
Name Date

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