HAVELOCK CITY MANAGER

# EMPLOYMENT APPLICATION

**The Management and Personnel Services (MAPS) Group, Inc.**

An Equal Opportunity/Affirmative Action Employer

<http://www.themapsgroup.com>

Applications may be emailed to <bveazey@themapsgroup.com> or mailed to 102 Lochwood West Drive

Cary, NC 27518

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 MAPs Group. An application must be received by 5 pm on the closing date posted to ensure consideration. Photocopied applications must have an original signature and current date.

**CURRENT INFORMATION**

(1) POSITION TITLE \_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

(3) NAME:

(Last) (First) (Middle)

(4) ADDRESS:

Street & No. or P.O. Box City State Zip

(5) HOME TEL # ( ) BUS. TELEPHONE # ( )

MOBILE TEL# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_\_

**GENERAL INFORMATION**

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

(6) Have you ever been employed with the City of Havelock? [ ] Yes [ ] No

If YES, what department and when:

(7) Have you applied to the City of Havelock before? [ ] Yes [ ] No

If YES, indicate what position and when:

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

(9) Are you now or were you previously related in any way to a City employee? [ ] Yes [ ] No

If YES, give name, relationship and department:

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

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

(12) 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**

(13) Indicate highest school year completed: (i.e. 8, 12, 16) \_\_\_\_\_

(14) Name of High School City State

(15) 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**

(16) Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying.

(a) (e)

(b) (f)

(c) (g)

(d) (h)

**REGISTRATIONS, LICENSES, CERTIFICATIONS**

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

Registration: State: No: Exp. Date:

Registration: State: No: Exp. Date:

Other:

(18) 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**:

**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 # ---

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**Certification and Release (MUST BE SIGNED AND DATED BELOW)**

1. 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 City.
2. 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.
3. I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the MAPS Group and City of Havelock; 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 City receives from an employer or educational institution under a promise of confidentiality.
4. I also permit the City of Havelock 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.
5. 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.
6. I understand and acknowledge that should I be employed by the City of Havelock, then I serve "at will". This means that I may be terminated at any time.

**SIGNATURE**  **DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_