

# Employment Application



415 Central Ave. Ste. A  
Butner, NC 27509  
(919) 575-3032  
(919) 575-3034 Fax  
www.butnernc.org

## INSTRUCTIONS

*Please Read and Follow Carefully*

1. Please complete **all** sections of this application in full. Incomplete applications will not be considered for employment. Use additional "continuation sheets" as necessary to show all previous employment and breaks in employment.
2. A separate application must be completed for each position for which you apply with an original signature and current date. Resumes are welcomed as a supplement but may not be substituted for the employment application.
3. Applications are accepted Monday-Friday, 8:00am - 5:00pm, except holidays. They must be **received by mail, email ([hr@butnerps.org](mailto:hr@butnerps.org)), or in person at Butner Town Hall by 5:00pm on the closing date** indicated for each position. Applications, resumes, transcripts, letters of reference and other information submitted will become the property of the Town and cannot be returned.
4. Applications that are received unsigned or after the closing date will not be processed. Applicants who **DO NOT** meet the minimum requirements for the position will not be considered for employment.
5. Applicants will be required to furnish documentation certifying their identity and eligibility to work in the United States as a condition of employment.

*We thank you for your interest in employment with the Town of Butner.*

*We strive 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 for which they applied has been filled.*

***The Town of Butner is an Equal Opportunity Employer.***

## CURRENT INFORMATION

(Please type or print clearly in ink.)

Date: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Are you seeking: Full-time

Part-Time  Temporary

Full Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Street & No. or PO Box

City, State & Zip Code

Contact Phone No.: \_\_\_\_\_ Alternate Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you 18 or older?  Yes  No If NO, what is your birth date? \_\_\_\_\_

Do you have a valid North Carolina Driver's License?  Yes  No

If yes, provide license number, state of issuance, and expiration date: \_\_\_\_\_



## EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job and continuing in reverse order. Include periods of unemployment, self-employment, military service, internships and volunteer/summer work. Do not leave gaps in the history. Use the reverse side of the form if necessary. Be sure to indicate whether employment was full-time or part-time; if part-time, state the average number of hours worked per week. Incomplete information will result in disqualification of your application. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable).** "See Resume" is not acceptable in the duties space.

If presently employed, may we contact your present employer?  Yes  No

Employer:		Type of Organization:	Address:	Phone No.:
Job Title:		Name and Title of Supervisor:		No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$        per	Ending Salary: \$        per	Reason for Leaving:	
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)			
<input type="checkbox"/> Full-time # Years ___ # Months ___ <input type="checkbox"/> Part-time # Years ___ # Months ___ *If part-time, number of hours per week: ___				

Employer:		Type of Organization:	Address:	Phone No.:
Job Title:		Name and Title of Supervisor:		No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$        per	Ending Salary: \$        per	Reason for Leaving:	
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)			
<input type="checkbox"/> Full-time # Years ___ # Months ___ <input type="checkbox"/> Part-time # Years ___ # Months ___ *If part-time, number of hours per week: ___				

Employer:		Type of Organization:	Address:	Phone No.:
Job Title:		Name and Title of Supervisor:		No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$        per	Ending Salary: \$        per	Reason for Leaving:	
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)			
<input type="checkbox"/> Full-time # Years ___ # Months ___ <input type="checkbox"/> Part-time # Years ___ # Months ___ *If part-time, number of hours per week: ___				

## EMPLOYMENT HISTORY CONTINUATION SHEET

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job and continuing in reverse order. Include periods of unemployment, self-employment, military service, internships and volunteer/summer work. Do not leave gaps in the history. Use the reverse side of the form if necessary. Be sure to indicate whether employment was full-time or part-time; if part-time, state the average number of hours worked per week. Incomplete information will result in disqualification of your application. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable).** "See Resume" is not acceptable in the duties space.

Employer:		Type of Organization:	Address:	Phone No.:
Job Title:		Name and Title of Supervisor:		No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$            per	Ending Salary: \$            per	Reason for Leaving:	
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)			
<input type="checkbox"/> Full-time # Years ___ # Months ___ <input type="checkbox"/> Part-time # Years ___ # Months ___ *If part-time, number of hours per week: ___				

Employer:		Type of Organization:	Address:	Phone No.:
Job Title:		Name and Title of Supervisor:		No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$            per	Ending Salary: \$            per	Reason for Leaving:	
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)			
<input type="checkbox"/> Full-time # Years ___ # Months ___ <input type="checkbox"/> Part-time # Years ___ # Months ___ *If part-time, number of hours per week: ___				

Employer:		Type of Organization:	Address:	Phone No.:
Job Title:		Name and Title of Supervisor:		No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$            per	Ending Salary: \$            per	Reason for Leaving:	
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)			
<input type="checkbox"/> Full-time # Years ___ # Months ___ <input type="checkbox"/> Part-time # Years ___ # Months ___ *If part-time, number of hours per week: ___				

### TRAINING

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

Registration: \_\_\_\_\_ State: \_\_\_\_\_ #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

List internships, specific courses, workshops, training and/or memberships you may have had that relate to the position for which you are applying. Include credit hours or CEUs, if applicable: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### SPECIAL SKILLS & QUALIFICATIONS

Indicate skills and abilities in the following areas which relate to the position for which you are applying. Please check all that apply and that you would be able to use immediately upon employment.

- |  |  |
|--|--|
| <input type="checkbox"/> Commercial Driver's License                     | <input type="checkbox"/> Data Entry                        |
| <input type="checkbox"/> Typing _____ w.p.m.                             | <input type="checkbox"/> Sign Language                     |
| <input type="checkbox"/> Word Processing (specify) _____                 | <input type="checkbox"/> Foreign Language (specify) _____  |
| <input type="checkbox"/> Spreadsheets (specify) _____                    | <input type="checkbox"/> Computer Hardware (specify) _____ |
| <input type="checkbox"/> Computer Programming (specify language) 1 _____ | <input type="checkbox"/> Other _____                       |
| <input type="checkbox"/> Adding Machine/Calculator                       |  |

Summarize special job-related skills and qualifications acquired from employment or other experience.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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. without repeating names of supervisors previously listed.

Name	Years Known	Organization	Contact Address & Phone No.
1.			
2.			
3.			

### CERTIFICATION AND RELEASE

- 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 it is in 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 Butner; 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 Butner to conduct 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 Butner, 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 unless such a change is specifically approved by the Town Manager.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Unsigned applications will not be processed.)