

# CITY OF ROXBORO

## APPLICATION FOR EMPLOYMENT



This application form is designed to protect individual rights and privacy and to insure equal employment opportunity. All questions are considered important for employment and no other use is intended for the information you submit.  
**The City of Roxboro is an Equal Employment Opportunity Employer**

1. Position applied for \_\_\_\_\_ Date \_\_\_\_\_
2. \_\_\_\_\_  
(Last Name) (First) (Middle, If married, use maiden) Email Address
3. Address \_\_\_\_\_  
(Street) (City) (County) (State) (Zip Code)  
Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ If none, where can you be reached by phone? \_\_\_\_\_
4. Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, what is your birth date? \_\_\_\_\_
5. Do you have a valid Driver's License? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which State? \_\_\_\_\_
6. (A) Date available for employment? \_\_\_\_\_ (B) Are you seeking: Full-time work \_\_\_\_\_ Part-time Work \_\_\_\_\_
7. Military Service: (A) Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ (B) Are you a widow, or wife of a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_  
(C) Date of entry into active service \_\_\_\_\_ (D) Type of Separation \_\_\_\_\_  
(E) Date of separation from active service \_\_\_\_\_ If you had more than one tour of duty, explain in Space 13.
8. Have you ever worked for the City of Roxboro before? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes give dates: From \_\_\_\_\_ To \_\_\_\_\_
9. May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Have you ever been convicted of an offense against the law or forfeited a bond? Yes \_\_\_\_\_ No \_\_\_\_\_  

If "Yes" explain in Space 13 (Note: A criminal record will not necessarily exclude you from employment. Such factors as age at time of offense, rehabilitation efforts, and recency and seriousness of the crime will be taken into account. You may omit (1) traffic violations of which you paid a fine of \$30 or less, and (2) any offense committed before your 21st birthday, which was finally disposed of in a juvenile court or under a Youth Offender Law).
11. Are you related to any person now employed by the City of Roxboro? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes" give name, relationship and agency in Space 13.

12. Use this space to explain any answers (Attach additional sheet if needed).

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13. REFERENCES: If you wish to list references, list persons who are not related to you who have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. Do not repeat names of supervisors you will list under Employment Record on the reverse side of application.

(A)Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 (B)Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 (C)Name \_\_\_\_\_ Phone # \_\_\_\_\_

14. EDUCATION - Give your complete educational history below:

Elementary or Name Location Ending Date

High School \_\_\_\_\_ Circle highest school year completed  
 1 2 3 4 5 6 7 8 9 10 11 12

Did you either graduate from high school or pass the High School Equivalency Test? Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATION BEYOND HIGH SCHOOL**

	Name and Location	Attended From Mo. Yr.	Attended To Mo. Yr.	Circle No. Years Completed	Credit Hours	Did you Graduate	Degree or Diploma & Year Received	Major Subject
College or University				1 2 3 4				
Graduate or Professional				1 2 3 4				
Other Education, Internship, Etc.				1 2 3 4				

15. List fields of work for which you are licensed, registered, or certified, giving date(s) and sources of issuance, list typing and shorthand skills, machines you can operate, and other skills in which you are proficient and if the position applied for calls for specific courses, indicate courses and credits received.

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**16. EMPLOYMENT RECORD - Answer questions for each period of employment. Include military service and previous employment with the City of Roxboro. Failure to give complete information may result in rejection of your application. Begin with your present or last position. If more space is needed, use back page of application.**

A. Title of present or last position: \_\_\_\_\_  
 Name and Title of supervisor: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Address \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_  
 Date Employed \_\_\_\_\_ Date separated \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time: \_\_\_ Years \_\_\_ Months Part-time: Years \_\_\_ Months \_\_\_ If part-time, number of hours worked per week \_\_\_

B. Title last position: \_\_\_\_\_  
 Name and title of supervisor: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Address \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_  
 Date Employed \_\_\_\_\_ Date separated \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time: \_\_\_ Years \_\_\_ Months Part-time: \_\_\_ Years \_\_\_ Months If part-time, number of hours worked per week \_\_\_

C. Title of last position: \_\_\_\_\_  
 Name and title of supervisor: \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_  
 Date Employed \_\_\_\_\_ Date separated \_\_\_\_\_ Reason for leaving \_\_\_\_\_  
 Full-time: \_\_\_ Years \_\_\_ Months Part-time: \_\_\_ Years \_\_\_ Months If part-time, number of hours worked per week \_\_\_

**CERTIFICATE OF APPLICANT**

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at will and can be terminated by either party.

\_\_\_\_\_  
**Applicant Signature**

**Send completed applications to:**

**City of Roxboro  
 Pamela Rodgers  
 Human Resources Director  
 P.O. Box 128  
 Roxboro, NC 27573**

**The City of Roxboro is an EOE.**

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To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Avenue. SW, Washington, DC 20250-9410 or call (800)795- 3272 (voice) or (202)720-6382 (TDD). USDA is an equal opportunity provider and employer.

**ADDITIONAL NOTES**