

# TOWN OF BOONE EMPLOYMENT APPLICATION

An Equal Opportunity

Town of Boone  
P.O. Drawer 192  
Boone, NC 28607  
(828)268-6200  
(828)268-6208 (fax)  
[www.townofboone.net](http://www.townofboone.net)

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. All applications must be returned to the Employment Security Commission by 5PM on the closing date posted to ensure consideration. 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 City State Zip

(6) HOME TEL # ( ) \_\_\_\_\_ BUS. TELEPHONE # ( ) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ (if applicable)

(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) 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 Boone?  Yes  No

If YES, what department and when: \_\_\_\_\_

(10) Have you applied to the Town of Boone 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? If no, can you perform them with reasonable accommodation?  Yes  No

(14) Have you ever been convicted of a felony? If YES, please explain under EXPLANATIONS. NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, length of time since the offense, and nature of the crime will be taken into consideration.  Yes  No

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

(16) 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**

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

(18) Name of High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

Education Beyond High School	Name and Location	Attended From				Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
		Mo.	Yr.	Mo.	Yr.				
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:

Type: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Type: \_\_\_\_\_ 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 \_\_\_\_\_  
DUTIES IN ORDER OF IMPORTANCE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 or any employer identified in response to question # 28 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 Boone; 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 Boone 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 Boone, 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 BOONE  
EMPLOYMENT APPLICATION**

The Town of Boone 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.

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**I. POSITION APPLIED FOR:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
                    Last                                    First                                    Middle

**DATE OF APPLICATION:** \_\_\_\_\_

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**II. SEX:** (Please circle)                      **Male**                                      **Female**

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**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): \_\_\_\_\_
- 

**SOCIAL SECURITY NUMBER (SSN)**

Providing this information as an applicant is voluntary and is only used as a personal identifier for internal record keeping. **If you are applying for an HRSS position, you must provide your SSN for drug testing. It will be used in place of your name.** Should you be employed, your social security number will be required for wage reporting, internal records and as a personal identifier for the Town's use.

SS#: \_\_\_\_\_

**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.

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**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.

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**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.

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**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

*An Equal Opportunity*



**NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

I understand that EMPLOYER may now, or at any time while employed, verify information within the application, resume or contract for employment. The verifications and/or checks may include but not limited to: driving record, workers compensation records, credit bureau files, employment references, personal references, any educational and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any State. These reports may include information as to my general reputation, character, personal characteristics, or mode of living. A photocopy or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to the designated EMPLOYER personnel.

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this company by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by EMPLOYER and confirm that all such information is true and correct. I further understand that I have the right to request, in writing, the nature and scope of any investigative consumer report. I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

I authorize Hirease, Inc. and any of its Agents, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge our agent, Hirease, Inc. and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information.

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

**IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY  
(PLEASE PRINT OR TYPE)**

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: State: Zip:
Social Security Number:	Former Address: (1)
Sex: Race:	City: State: Zip:
Driver's License No.: State of Issue:	Former Address: (2)
Month, Day and Year of Birth*:	City: State: Zip:
Educational Institution Location (City, State)	Professional License State Issued
Name Attended Under Degree Awarded Dates of Attendance/Graduation	License Number Issue Date Expiration Date

FOR CA, MN, OK: PLEASE PROVIDE ME WITH A COPY OF MY BACKGROUND INVESTIGATION REPORT.  YES  NO

IF YOU RESIDE IN CT, PLEASE LIST YOUR CONTACT INFORMATION FOR REPORT NOTIFICATION:

EMAIL: \_\_\_\_\_

Notice to New York Applicants. Under Article 25 § 380-c(B)(2) of the NY General Business Law, you have the right, upon written request, to be informed whether or not an investigative consumer report was requested, and if such report was requested the name and address of the company to whom the request was made. Under § 380-g of the NY General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide you a printed or electronic copy of Article 23-A of the NY Correction Law, which governs employment of persons previously convicted of one or more criminal offense.

Have you ever been sanctioned, disciplined, debarred, and/or excluded by a duly authorized regulatory agency or are there any current restrictions or limits on your license (s) or certification (s)?  Yes  No If yes, please attach a complete explanation.

Have you ever been convicted of any criminal violation of the law other than a minor traffic violation or are you now under pending investigation or charges  Yes  No If yes, please attach a complete explanation.

*\*Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.*