

## Application for Employment Town of Troutman

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

		•	*** PLEASE PRINT	4.4.4.		
POSITION(S) APPLIED FOR:				DATE OF APPLIC	ATION:	
HOW DID YOU LEARN ABOUT	US?			•		
ADVERTISEMENT		FRIEND		WALK-IN		
EMPLOYMENT AGEN	CY	RELATIVE		OTHER:		
LAST NAME:		FIRST NAME:	<u> </u>	MIDDLE NAME:		
BAST WAIVE.		THOT WAIVE.		WIIDDEE WANTE.		
EMAIL ADDRESS:				DOB (MM/DI	D/YYYY) :	
PHYSICAL STREET ADDRESS:				CITY:	STATE:	ZIP CODE:
MAILING ADDRESS (IF DIFFERI	ENT):			CITY:	STATE:	ZIP CODE:
TELEBLIONE NUMBER(C)				COCIAL SECUE	ITV NILINADED.	
TELEPHONE NUMBER(S) HOME:	CEL	1.		SOCIAL SECUR	III NOWBER:	
HOIVIE.	CEL	L.				
Doubling to control						
Best time to contact you	at nome is:					
If you are under 18 years	of age, can	ou provide requir	ed proof of your elig	ibility to work?	Yes	☐ No
						<b>—</b>
Have you ever filed an ap	plication wit	h us before?			Yes	☐ No
If Yes, give Date						
Have you ever been empl	oved with u	s hefore?			Yes	No
	•	belore.				
If Yes, give Date						
					_	_
Do any of your friends or	relatives, ot	ner than spouse, v	vork here?		Yes	∐ No
If Yes, state name, relatio	nshin and lo	cation				
Are you currently employ					Yes	□ No
Are you currently employ	eur					
May we contact you pres	ent employe	r.			Yes	∐ No
Are you prevented from I	awfully beco	ming employed in	this country becaus	e of Visa or Imr	migration Status?	
(Proof of citizenship or im					Yes	□ No
(1700) Of Chizenship of Inf	mgrationst	atus Will be reguli	ca apon employmen	)		
			.6:7		¬ and	□ and
Available to Work:	Full-tir		nift(s) available 🔲 1 <sup>s</sup>		2 <sup>nd</sup>	3 <sup>rd</sup>
	Part-ti	me Indicate sh	nift(s) available 🔲 M	orning	Afternoon	Evenings
	☐ Tempo	orary Indicate da	ates available:		-	
	·					
Are you currently on "lay-	-off" status a	and subject to reco	2112		Yes	□ No
		ma subject to reco	all:		=	=
Can you travel if a job req					∐ Yes	∐ No
Are you able to successfu	Ily complete	a background che	eck?		Yes	☐ No



## Application for Employment Town of Troutman

## **EDUCATION**

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NAME:	YEAR	S ATTENDEDE	D:	COURSE OF	STUDY:	
ADDRESS:			1	CITY:	STATE:	ZIP CODE:
DIPLOMA/DEGREE:		PLETED/GRADI	JATED			
		Yes No				
UNDERGRADUATE COLLEGE						
NAME:	YEAR	S ATTENDEDED	):	COURSE OF	STUDY:	
ADDRESS:			1	CITY:	STATE:	ZIP CODE:
	1					
DIPLOMA/DEGREE:		COMPLETED/GRADUATED  Yes No				
GRADUATE/PROFESSIONAL	<u> </u>					
NAME:	YEAR	S ATTENDEDE	D: .	COURSE OF	STUDY:	
ADDRESS:			1	CITY:	STATE:	ZIP CODE:
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		Yes No				
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IF A MILITARY VETERAN, DID YOU RECEIVE A					Yes No No	N/A
(OPTIONAL) DESCRIBE ANY MILITARY TRAIN	ING/EXPERIENCE THAT D	DIRECTY REL	ATES TO TH	E POSITIO	N APPLIED FOR:	
WORK EXPERIENCE						
Start with your present or last job. Include any jo	·	-		activities.	You may exclude or	ganizations
which indicate race, color religion, gender, natio	nal origin, disabilities or oth					
DATES EMPLOYED: From To		EMPLOY	ER:			
WORK PERFORMED:						
ADDRESS:			CITY:		STATE:	ZIP CODE:
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TELEPHONE NUMBER(S):		☐ HOURLY O	R 🔲 SALARY		STARTING PAY RATE : FINAL PAY RATE:	
REASON FOR LEAVING:	S	STARTING/PRES	ENT JOB TITLE:			
SUPERVISOR:		MAY WE CON	TACT? Yes	No No		
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DATES EMPLOYED: From To		EMPLOY	EK:			
WORK PERFORMED:						
ADDRESS:			CITY:		STATE:	ZIP CODE:
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, ,					FINAL PAY RATE:	
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SUPERVISOR:		MAY WE CON	TACT? Yes	No No		



## Application for Employment Town of Troutman

From To		EMPLOYE	in:			
WORK PERFORMED:						
ADDRESS:			CITY:		STATE:	ZIP CODE:
TELEPHONE NUMBER(S):		OURLY OF	R 🗌 SALARY		ING PAY RATE:	
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READON FOR ELAVING.	JIANII	NO/T KES	ENT JOB TITLE.			
SUPERVISOR:	MAY	MAY WE CONTACT? Yes No				
<b>COMMENTS</b> : INCLUDE EXPLANATION OF ANY GAPS IN EMPI						
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESH	IIP, SKILLS AND EXTR	A-CURF	RICULAR ACTIVITIES:			
LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIV	VITIES AND OFFICES	HELD.	You may exclude membe	rship whic	ch would reveal	gender, race,
religion, national origin, age, ancestry, disability or other protected	status:					
ADDITIONAL INFORMATION						
OTHER QUALIFATIONS: Please summarize special job	p-related skills and q	ıualifica	tion acquired from e	employr	ment or othe	r experience
SPECIALIZED SKILLS (Skills/Equipment Operated)						
	WORD PROCESSING	☐ TYI	PEWRITTER: WE	м П	SHORTHAND:	WPM
MACHINERY (LIST)	OTHER (LI	_	EWINITEN. WI		SHORTHARD.	***
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