



**APPLICATION FOR EMPLOYMENT**

Town of Maiden  
Human Resources  
19 North Main Ave  
Maiden, NC 28650



Phone: 828-428-5000  
Fax: 828-428-5017  
jobs@maidennc.gov  
www.maidennc.gov

**The Town of Maiden is an Equal Opportunity Employer**  
A Copy of Driver's License and Social Security Card are Required

Please Print Clearly

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Communications: \_\_\_\_\_  
(Primary Phone #) (Alternate Phone #) (Email)

Are you at least 18 Years of Age? \_\_\_\_ (Yes) \_\_\_\_ (No) Rate of Pay Expected: \_\_\_\_\_

Type of Work  
 \_\_\_\_ Regular Full Time \_\_\_\_ Temp. Full Time \_\_\_\_ Regular Part Time \_\_\_\_ Temp. Part Time

Highest Level of Education Completed: \_\_\_\_\_

Name of School: \_\_\_\_\_ City Located: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_ S.S. Number: \_\_\_\_\_

Are you a U.S. Citizen? \_\_\_\_ (Yes) \_\_\_\_ (No) If not, are you eligible to work in the U.S.? \_\_\_\_ (Yes) \_\_\_\_ (No)

Have you ever been employed with the Town of Maiden Before? \_\_\_\_ (Yes) \_\_\_\_ (No)

If yes, what Department \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Did you served in the U.S. Armed Forces? \_\_\_\_ (Yes) \_\_\_\_ (No) (If yes, please include a copy DD form 214)

Do you have any relatives that currently (or have in the past) work for the Town of Maiden: \_\_\_\_ (Yes) \_\_\_\_ (No)

If yes, please list their name(s)/relationships: \_\_\_\_\_

Have You Ever Been Convicted of a Crime Other Than Minor Traffic Violations: \_\_\_\_ (Yes) \_\_\_\_ (No)

If yes, please list date, place, and disposition of case: \_\_\_\_\_

Also please use separate sheet of paper and explain in full the details of the offense.

List the jobs that you have held, beginning with your last or present employer. Include any part-time jobs, and/or military service in the proper sequence for at least the past 10 years. Failure to give complete information may result in rejection of your application and/or disciplinary actions if chosen for employment. If more spaces are needed, use additional sheets.

Employer: _____	Phone # _____
Address: _____	
Job Title: _____	Starting Salary _____ Ending Salary _____
Dates Employed: _____ ---- _____	No. Supervised by you: _____
Reason for Leaving: _____	
Your job duties: _____ _____	
Name of your immediate supervisor: _____	
May we contact this employer/supervisor concerning your application: _____Yes _____No	

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Job Title: _____	Starting Salary _____ Ending Salary _____
Dates Employed: _____ ---- _____	No. Supervised by you: _____
Reason for Leaving: _____	
Your job duties: _____ _____	
Name of your immediate supervisor: _____	
May we contact this employer/supervisor concerning your application: _____Yes _____No	

Please list three personal references who are not related to you and who have definite knowledge of your qualifications for the position you are applying. Do not repeat names of supervisors listed in work history.

Name of Reference: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
How does this person knows you: \_\_\_\_\_  
How long has this person known you: \_\_\_\_\_

Name of Reference: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
How does this person knows you: \_\_\_\_\_  
How long has this person known you: \_\_\_\_\_

Name of Reference: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
How does this person knows you: \_\_\_\_\_  
How long has this person known you: \_\_\_\_\_

By my signature below, I certify that the facts entered in this application are true, complete, and accurate to the best of my knowledge. I understand that misstatements and falsifications are reasons for non-selection and, if discovered after employment, are grounds for immediate dismissal without recourse. I also understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

List an Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**CONSENT AND AUTHORIZATION: READ CAREFULLY BEFORE SIGNING**

I have applied for employment with the Town of Maiden and my signature below authorizes you to release the contents of my employment record with your organization, whether negative or positive information.

I further consent to allow the Town of Maiden to obtain any and all information concerning my former/current employment with you or your organization. This includes my job performance appraisals/evaluations, wage history, disciplinary action(s) if any, and all other matters pertaining to my employment with the Town of Maiden. This form may be photocopied, reproduced as a facsimile, and/or other electronic means, and used at the Town of Maiden's discretion.

Please Print Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name of Witness \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

**DRUG POLICY: READ CAREFULLY BEFORE SIGNING**

I do hereby understand that the Town of Maiden has a drug screening policy and applicant, which are considered for a position will be drug tested before employment. I also understand that I may be required to provide the drug screener a sample of my urine, blood, hair, and/or other bodily substances in order to perform the drug screening.

Please Print Name of Applicant \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Research Information (Voluntary Information)**

**This Section is Optional**

The research information below remains in the Human Resources Department and will not be used for any hiring decision. Failure to provide this information will not affect any consideration for employment and will be treated as confidential.

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_Male \_\_\_\_Female Veteran Status: \_\_\_\_Yes \_\_\_\_No

Ethnic Background:  
\_\_\_ American Indian \_\_\_Alaskan Native \_\_\_Asian American/Pacific Islander \_\_\_Black \_\_\_White \_\_\_Other

How did you learn about the vacancy?

\_\_\_ Employment Security Commission \_\_\_Town Employee \_\_\_Newspaper \_\_\_Town Hall \_\_\_Town's Website/Facebook

The Town of Maiden performs an extensive criminal background check on all applicants. Currently, this is contracted through a third party, **Before You Hire, Inc.** An application will not be reviewed without the following page being completely filled out.

# RELEASE AUTHORIZATION FORM

**Town of Maiden Wendy Vanover**

P: 828.428.5000

F: 828.428.5017

Return Reports: EMAIL – [wvanover@maidenncc.gov](mailto:wvanover@maidenncc.gov)

To the extent permitted by applicable state law, I hereby consent to this investigation and authorize **Town of Maiden** (referenced as "company" throughout this document) to procure consumer reports, criminal background checks, investigative consumer reports (as defined by law), on my background from a consumer reporting agency (CRA) or from an investigative consumer reporting agency (ICRA), as described in the Background Check Disclosures, the State Disclosures, and the California State Law Disclosures (all of which I have received from the company). I have reviewed and understand the information, statements, and notices in all the disclosures provided to me as mentioned above by the company, as well as this Release Authorization Form. My authorization remains valid throughout my employment with the company, such that, to the extent permitted by applicable law, I agree company can procure additional consumer reports, criminal background checks, and/or investigative consumer reports (as defined by federal law) during my employment without providing additional disclosures or obtained additional authorizations. Except as otherwise prohibited by state law, I consent to and authorize the company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents for business reasons. Information is not limited and may include drug test results and personal verification history. Furthermore, I release any and all employers, bureaus, agencies, individuals, data organizations, or companies, including Before You Hire, Inc. from all liabilities of damages that might occur from information obtained. I understand that the information regarding sex, race, and date of birth are for the sole purpose of gathering the information accurately and will not be used to discriminate against me in violation of any law. A facsimile (FAX) or photocopy of this release form shall be as valid as the original.

## Applicant/Employee Personal Information *\*please print CLEARLY\**

Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

List any other name used in the last 7 years (Maiden name) \_\_\_\_\_

Address: \_\_\_\_\_ City Conover State NC Zip \_\_\_\_\_

County \_\_\_\_\_ Driver's License # \_\_\_\_\_ State NC

Gender: Male Female Race: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Month / Day / Year

List other cities or towns that you have lived in the last 7 years:

Dates \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant/Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*OFFICE USE ONLY\*\*** Please Indicate Services Needed – If not marked, reports will NOT be processed!

x	Statewide Criminal Report (Indicate States Needed) >> NC
	Motor Vehicle Report
x	National Sex Offender Report
	SS#/Address Verification Report
	Nationwide Sweep Background Report
	Education Verification (Information Required > Institution Name/State, Name at Graduation, & Year of Graduation)
	Employment Verification (Application/Resume Required)
	NON DOT Drug Test >or< DOT Drug Test
	Reason for test: _____
	Other Services/Special Notes:

**BEFORE YOU HIRE, INC.**

2117 Simonton Road \* Suite 101

P: 704.878.3600 F: 704.878.0990

[www.beforeyouhireinc.com](http://www.beforeyouhireinc.com)

