# Rutherfordton NORTH CAROLINA

### APPLICATION FOR EMPLOYMENT

**VOLUNTEER FIREFIGHTER** 

QUALIFIED APPLICANTS ARE CONSIDERED FOR POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL STATUS, OR THE PRESENCE OF A NON-RELATED MEDICAL CONDITION OR HANDICAP.

| ANSWER ALL QUESTIONS - PLEASE PRINT CLEARLY OR TYPE  |  |                   |                      |            |                       |             |          |
|--|--|-------------------|----------------------|------------|-----------------------|-------------|----------|
|  | POSITION APPLIED I   | FOR:              |                      | DEPARTMEN  | IT:                   |             |          |
|  |  | FULL-T            | IME PART-TIN         | иЕ 🗖       |                       |             |          |
|  | DATE:  |                   |                      |            |                       |             |          |
|  | NAME:  |                   |                      | SSN        | :/                    | _/          |          |
|  | (Last)   | (First) (Midd     | dle) (Maiden, if app | olicable)  |                       |             | ı        |
|  | PRESENT MAILING ADDRESS:(Street & Number or P.O. Box)  |                   |                      |            |                       |             | HIRST    |
|  |  |                   | `                    |            | ,                     |             |          |
|  | (City)   | <del></del>       | (State)              |            | (Zip                  | c Code)     |          |
|  | TELEPHONE: ()  | (                 | ) (Cell)             | )<br>(Othe | er) please specify: _ |             |          |
|  | PLEASE BE SURE THAT YOU COMPLETE ALL SECTIONS OF THIS APPLICATION COMPLETELY AND ACCURATELY TO THE BEST OF YOUR ABILITY. YOUR APPLICATION WILL BE USED AS A PART OF THE EXAMINATION PROCESS AND, THEREFORE, SHOULD REPRESENT YOUR BEST EFFORT. FOR SOME POSITIONS YOU MAY BE ASKED TO SUBMIT A RESUME AND/OR COVER LETTER. |                   |                      |            |                       |             |          |
| THE TOWN OF RUTHERFORDTON IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER                          |  |                   |                      |            |                       |             | <b>S</b> |
| EDUCATION (GIVE COMPLETE EDUCATIONAL HISTORY BELOW)  |  |                   |                      |            |                       |             | Middle   |
| Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4 |  |                   |                      |            |                       |             |          |
|  | Schools  | Name and Location | Dates Attended       | Graduate?  | Major/Minor           | Degree Type |          |
|  | High School  |                   | From:<br>To:         | □YES □NO   |                       |             |          |
|  | College<br>University  |                   | From:<br>To:         | □YES □NO   |                       |             | F        |
|  | Graduate or<br>Professional  |                   | From:<br>To:         | □YES □NO   |                       |             |          |
|  | Other educational, vocational school, internships, etc.  |                   | From:<br>To:         | □YES □NO   |                       |             |          |

Rutherfordton Town Hall - 129 North Main Street Rutherfordton, NC 28139 - Phone: 828-287-3520

| SKILLS   |  |
|--|--|
| Check the following skills, experience, etc. which you have:  Sign Language Braille Skills Typing (specify wpm) Reliable transportation to work Adding machine/calculator  | ☐ Shorthand/Speedwriting (specify wpm)<br>☐ Other (please specify):                            |
| Driver's License Information   |  |
| Do you possess a valid driver's license? □YES □NO  |  |
| If yes, please give the following:   |  |
| License Number: State Issued:  | Class/Type:  |
| Expiration Date: / / (mo) /(day) /   |  |
| Note: Most positions require a valid driver's license.   |  |
| If the position you are applying for requires specific courses, skills, below, with dates, issuance and source of issuance.  |  |
| Have you ever been convicted of an offense against the law other to does not mean you cannot be hired. The offense and how recording to the job for which you are applying). □YES □NO  | ently you were convicted will be evaluated in  |
| CONTROLLED SUBSTANCE TESTING   |  |
| Controlled substance testing is required prior to finalization of the stransfer. Further information will be provided at the appropriate time drug test will result in disqualification for employment, promotion, already employed.   | e in the selection process. A confirmed positive   |
| Scheduling information will be provided at the appropriate time.   |  |
| In accordance with Americans with Disabilities Act, the Tow accommodation if requested.  | n of Rutherfordton will consider reasonable  |
| OVERTIME POLICY AND AGREEMENT FOR NON-EXE  | EMPT POSITIONS   |
| Consistent with the provisions contained in the 1985 amendments of Towns's policy to compensate non-exempt employees for overtime in lieu of overtime pay.  If I am employed in a non-exempt position, I agree to accept, at the time off or overtime pay, as appropriate compensation for overtime employee of the Town of Rutherfordton. | work with compensatory time off, when possible, he discretion of the Town, either compensatory |
| FOR MALES AGE 18 THROUGH 25 ONLY   |  |
| Males who are 18 through 25 are required to register with the Federal Selective Service Act. State law prohibits local governments from entrequirement.  | mploying anyone who has not complied with this   |
| Please indicate if you have registered for Selective Service: $\square$ YI   | ES 🗖 NO  |

| EMPLOYMENT DATA   |                             |           |                            |                        |                        |  |                                    |  |
|---|-----------------------------|-----------|----------------------------|------------------------|------------------------|--|------------------------------------|--|
| In the space below, give your employment history beginning with your present or most recent employer and list all positions held, including military, part-time, seasonal, summer, and significant volunteer work. Details on any period of unemployment must be included |                             |           |                            |                        |                        |  |                                    |  |
| Current or Last Employer:   |                             |           |                            |                        | Ad                     | dress:                                   |                                    |  |
| Job Title   | :                           |           |                            |                        | Su                     | Supervisor's Name: No. Supervised by You |                                    |  |
| Date Em   | ployed (m                   | no/yr):   | Starting Salary:<br>\$ per | Ending Salar           | -                      | Reason for Leaving:                      | May we Contact Employer?  □YES □NO |  |
| Date Separated (mo/yr):   |                             |           | Duties:                    | \$ per                 |                        | l  | a les ans                          |  |
| Full Years Months   |                             |           |                            |                        |                        |  |                                    |  |
| Part<br>Time  | Years                       | Months    |                            |                        |                        |  |                                    |  |
| _   | ı<br>ne, number<br>er week: | of hours  |                            |                        |                        |  |                                    |  |
| Employe   |                             |           |                            |                        | Αd                     | dress:                                   |                                    |  |
|   |                             |           |                            |                        |                        |  |                                    |  |
| Job Title   | :                           |           |                            |                        | Su                     | pervisor's Name:                         | No. Supervised by You:             |  |
| Date Employed (mo/yr):  |                             |           | Starting Salary:<br>\$ per | Ending Salar<br>\$ per | -                      | Reason for Leaving:                      | May we Contact Employer?  □YES □NO |  |
| Date Se   | parated (n                  | no/yr):   | Duties:                    |                        |                        |  |                                    |  |
| Full<br>Time  | Years                       | Months    |                            |                        |                        |  |                                    |  |
| Part  | Years                       | Months    |                            |                        |                        |  |                                    |  |
| Time If Part Time, number of hours  |                             |           |                            |                        |                        |  |                                    |  |
| worked pe   |                             |           |                            |                        |                        |  |                                    |  |
| Employer:   |                             |           |                            |                        | Ad                     | dress:                                   |                                    |  |
| Job Title:  |                             |           |                            |                        | Su                     | pervisor's Name:                         | No. Supervised by You:             |  |
| Date Employed (mo/yr):  |                             |           | Starting Salary:  \$ per   | Ending Salar<br>\$ per | -                      | Reason for Leaving:                      | May we Contact Employer? □YES □NO  |  |
| Date Separated (mo/yr):   |                             |           | Duties:                    |                        |                        |  | -                                  |  |
| Full<br>Time  | Years                       | Months    |                            |                        |                        |  |                                    |  |
| Part  | Years                       | Months    |                            |                        |                        |  |                                    |  |
| Time I I I I I I I I I I I I I I I I I I I  |                             |           |                            |                        |                        |  |                                    |  |
| worked pe   |                             |           |                            |                        |                        |  |                                    |  |
| Employer:   |                             |           |                            |                        | Ad                     | dress:                                   |                                    |  |
| Job Title:  |                             |           | Su                         | pervisor's Name:       | No. Supervised by You: |  |                                    |  |
| Date Employed (mo/yr): Starting Salary: per   |                             |           | Ending Salar<br>\$ per     | -                      | Reason for Leaving:    | May we Contact Employer?  □YES □NO       |                                    |  |
| Date Separated (mo/yr):   |                             |           | Duties:                    | •                      |                        |  |                                    |  |
| Full  | Years                       | Months    |                            |                        |                        |  |                                    |  |
| Time  | 10010                       | Wioritiis |                            |                        |                        |  |                                    |  |
| Part  | Years                       | Months    |                            | _                      |                        |  |                                    |  |
| Time I I I I I I I I I I I I I I I I I I I  |                             |           |                            |                        |                        |  |                                    |  |
|   | worked per week.            |           |                            |                        |                        |  |                                    |  |

IF ADDITIONAL SPACE IS NEEDED PLEASE PRINT AN ADDITIONAL DATA SHEET OR USE A SHEET OF PAPER. ALL CONTINUATION SHEETS AND ADDITIONAL SHEETS OF PAPER CONTAINING EMPLOYMENT HISTORY MUST BE SIGNED AND DATED BY THE APPLICANT.

#### PERSONAL DATA **REFERENCES** Please list three persons who are not related to you and Are you a citizen of the United States? □YES □NO If who have a definite knowledge of your work. Do not repeat no, give the country of which you are a citizen and the names of supervisors listed in the Employment Data your alien registration number. Section of this application. Name: \_\_\_\_\_ Contact #: \_\_\_\_\_ Relationship: Do you have any relatives currently employed by the Town of Rutherfordton? □YES □NO Name: \_\_\_\_\_ If so, who, in what position, and in what department are they employed? What is the relationship? Contact #: \_\_\_\_\_ Relationship: Name: \_\_\_\_ Contact #: Please indicate the appropriate box below how you Relationship: found out about this vacant position: ☐ Town Job Opportunities List ■ Town Website **EMERGENCY CONTACT INFORMATION** ☐ Town Employees □ Social Media ☐ Employment Security Commission ☐ Friend Name: \_\_\_ ☐ Newspaper (please specify which paper) Contact #: (\_\_\_\_) \_\_\_\_- (\_\_\_) \_\_\_- (Cell) ☐ Other (please specify) Relationship: DECLARATION OF APPLICANT \_\_\_\_\_ I CERTIFY THAT ALL THE STATEMENTS IN THIS APPLICATION AND ANY ATTACHED DOCUMENTS ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS MADE IN THIS APPLICATION AND RELAEASE OF ANY PERTINENT INFORMATION TO THE TOWN OF RUTHERFORDTON HIRING OFFICIALS. I UNDERSTAND THAT FALSE INFORMATION MAY BE GROUNDS FOR REJECTION OF MY APPLICATION AND/OR DISMISSAL IF I AM EMPLOYED. Signature of Applicant (unsigned applications will not be processed) Date

#### BEFORE COMPLETING THIS APPLICATION PLEASE CHECK TO SEE THAT YOU HAVE:

- 1. LISTED YOUR SOCIAL SECURITY NUMBER CORRECTLY
- 2. LISTED YOUR ZIP CODE CORRECTLY
- 3. COMPLETED THE SECTION FOR EQUAL OPPORTUNITY INFORMATION
- 4. GIVEN COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY
- 5. SIGNED YOUR APPLICATION

THANK YOU FOR YOUR INTEREST IN PUBLIC SERVICE WITH THE TOWN OF RUTHERDFORDTON. OUR TEAM OF HIGHLY SKILLED WORKERS STRIVES TO PROVIDE HIGH QUALITY SERVICE TO THE CITIZENS OF THIS CITY EVERYDAY. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN THOROUGH CONSIDERATION.

## Rutherfordton A MINTED ORIGINAL

## APPLICANT IDENTIFICATION SHEET

#### EQUAL OPPORTUNITY INFORMATION

The Town of Rutherfordton prohibits discrimination based on race, sex, color, creed, national origin, age, or

| handicap. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well recruitment efforts are in reaching all segments of the population.  |   |  |  |  |  |
|--|---|--|--|--|--|
| NAME:(Last) (First) (M.I)  | SOCIAL SECURITY #:///   |  |  |  |  |
|  | ARE YOU A VETERAN?  |  |  |  |  |
| DATE OF BIRTH: SEX: Male Female  / / (year)  |   |  |  |  |  |
| ETHNIC GROUP:  White (Caucasian, non-Hispanic)  African American (non-Hispanic)  Hispanic (Mexican, Puerto Rican, Cuban Central, or South American, other Spanish origin regardless of race)  Asian (including Pacific Islander)  American Indian (including Alaskan native) |   |  |  |  |  |
| HANDICAP: (a handicap is any impairment which limits a major life function.) This information is optional. Failure to provide this information will not subject you to any adverse treatment. It will be maintained separately and confidentially.                           |   |  |  |  |  |
| Please check all that apply:  ☐ Visual Impairments/blindness ☐ Hearing Impairments/deafness ☐ Cardiovascular disorder ☐ Emotional/mental disorder ☐ Nervous System/Neurological disorder (epilepsy) ☐ Speech impairment  | <ul> <li>□ Respiratory Impairment</li> <li>□ Loss or impairment of upper and/or lower limbs</li> <li>□ Disabling diseases (arthritis, diabetes, etc.)</li> <li>□ Alcoholism</li> <li>□ Other (please specify):</li> </ul> |  |  |  |  |

| If you have indicated that you have one or more of the above mentioned handicaps, please indicate what type of accommodation/device you would need to assist you in the performance of the duties of the position for which you have applied: |       |  |  |
|---|-------|--|--|
| Please indicate where such accommodations/devices may be obtained:  |       |  |  |
|   | 2.75  |  |  |
| POSITION APPLIED FOR:   | DATE: |  |  |
| WHERE DID YOU LEARN OF THIS JOB OPENING?  |       |  |  |