

SUPPLEMENT TO TOWN OF SWANSBORO
EMPLOYMENT APPLICATION

The Town of Swansboro 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 separated from your employment application. Other than the information you provide in Section I, the information on this form will to 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.

I. Position applied for: _____

Name: _____
 Last First Middle

Date of Application: _____

II. Sex: (please circle) Male Female

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: (CHECK ALL THAT APPLY)

- Newspaper (specify): _____
- Employment Security Commission
- Job Line
- Came to Municipal Building
- Internet
- Other (specify) _____

SOCIAL SECURITY NUMBER (SSA)

If you are applying for any position, you must provide your SSN for drug testing.

SS# _____

DRUG SCREENING

All FINAL applicants must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

OVERTIME COMPENSATION AGREEMENT

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we generally allow the employee to accrue compensatory time for hours worked over schedule. However, it is subject to supervisory approval and may be affected by budgetary constraints.

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.

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/Affirmative Action Employer