



APPLICATION FOR EMPLOYMENT
City of Rocky Mount, NC

AN EQUAL OPPORTUNITY EMPLOYER

To Applicants: We appreciate your interest in our organization and assure you that we will carefully consider your qualifications. Please complete the application form thoroughly and accurately. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

\* If you have a disability, and you need special assistance in order to complete the application process (including written examinations, oral interviews, filling out application forms, etc.) please see the receptionist.

PERSONAL

1. Position applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

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

3. Mailing Address \_\_\_\_\_
Street & No. or RFD City County State Zip Code

4. Do you reside in the Rocky Mount City Limits YES [ ] NO [ ]

5. Telephone: Home \_\_\_\_\_ If none, where can you be reached by phone? \_\_\_\_\_
Business \_\_\_\_\_ Resident's Name \_\_\_\_\_

6. Are you: Under 18 [ ] Over 18 [ ]

7. Do you want to work Full-Time [ ] or Part-Time? [ ] Specify days and hours if part-time \_\_\_\_\_
Are you willing and able to work rotating shifts? \_\_\_\_\_

8. How did you learn of this opening? \_\_\_\_\_

9. Have you worked for the City before? \_\_\_\_\_ If yes, when and what position did you hold? \_\_\_\_\_

10. List any friends or relatives working for the City \_\_\_\_\_

11. If hired, on what date will you be ready to start work? \_\_\_\_\_

12. Have you ever been convicted of a crime, including misdemeanors and summary offenses? No [ ] Yes [ ]

Please list offense(s) and date(s) of conviction(s) \_\_\_\_\_

Note: You may omit any other offense committed before your 16th birthday which was finally heard in a juvenile court or under a youth offender law.

13. Do you have a valid driver's license? \_\_\_\_\_ Driver's License Number & Type/State \_\_\_\_\_

List all traffic convictions, location & date of all traffic convictions \_\_\_\_\_

14. Clerical Skills: Typing \_\_\_\_\_ Shorthand: \_\_\_\_\_ Other: \_\_\_\_\_

15. Are there any other experiences, skills, or qualifications which you feel would be important to include?

**MILITARY HISTORY**

Have you ever served in the armed forces? YES  NO  If yes, what branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_ Any current reserves or military obligation? \_\_\_\_\_

**FOR MALES AGE 18 THROUGH 25 ONLY**

Males who are 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Service Act. State law prohibits local government from employing anyone who has not complied with this requirement.

Please indicate if you have registered for Selective Service: \_\_\_\_\_ YES \_\_\_\_\_ NO

**EDUCATIONAL BACKGROUND**

TYPE OF SCHOOL	NAME & ADDRESS	HOW MANY YEARS ATTENDED?	DATE GRADUATED	COURSE OR MAJOR
Grammar or Grade				
High School				
College				
Post Graduate				
Business or Trade				
Technical				
Other				

If you did not graduate from High School, did you obtain your GED equivalency? YES  NO

**WORK HISTORY**

List the jobs that you have held, beginning with your last or present employer. Include part-time jobs, military service, and/or periods of unemployment in the proper sequence. Failure to give complete information may result in rejection of your application. If more space is needed, use a continuation sheet.

A.

Dates	Name & Address of Employer	Rate of Pay		Supervisor's Name & Phone Number	Reason for Leaving
		From	To		
Number Hrs./ Week					
Job Title	Describe briefly the work you did:				

B.

Dates	Name & Address of Employer	Rate of Pay		Supervisor's Name & Phone Number	Reason for Leaving
		From	To		
Number Hrs./ Week					
Job Title	Describe briefly the work you did:				

C.	Dates		Name & Address of Employer	Rate of Pay		Supervisor's Name & Phone Number	Reason for Leaving
	From	To		Start	Finish		
	Number Hrs./ Week						
	Job Title		Describe briefly the work you did:				

D.	Dates		Name & Address of Employer	Rate of Pay		Supervisor's Name & Phone Number	Reason for Leaving
	From	To		Start	Finish		
	Number Hrs./ Week						
	Job Title		Describe briefly the work you did:				

May we contact the employers listed above? \_\_\_\_\_ If not, indicate below which ones you do not wish us to contact.

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**PERSONAL REFERENCES**

List three (3) persons who are not related to you who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors in WORK HISTORY.

Name & Occupation	Address	Phone Number

**DECLARATION OF APPLICANT:**

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission, or falsification, my application may be rejected, or if already employed, my employment may be terminated.

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE

**NOTICE TO APPLICANTS**

**It is the policy of the City of Rocky Mount not to discriminate on the basis of race, sex, national origin, disability, age, creed, color, or religion in any employment decision.**

RETURN APPLICATION TO:

Human Resources Department  
City of Rocky Mount  
P.O. Drawer 1180  
Rocky Mount, NC 27802-1180

Telephone: (252) 972-1186  
Fax: (252) 972-1197  
Email: [jobs@rockymountnc.gov](mailto:jobs@rockymountnc.gov)  
<http://www.rockymountnc.gov>

NOTICE TO APPLICANTS

It is the policy of the City of Rocky Mount to ensure that its employees are free from the effects of alcohol and drugs. All applicants selected for employment must satisfactorily pass a medical examination which includes a drug screening test. Those applicants with a confirmed positive test for drugs/alcohol will not be hired.

**Mission**

The mission of the City of Rocky Mount is to provide courteous and responsive public service of the highest quality and value for the benefit and enjoyment of our community and its citizens.

In accordance with the Americans with Disabilities Act, the City of Rocky Mount will consider reasonable accommodations if requested.



**PRE-EMPLOYMENT INFORMATION FORM**

Please answer the following questions to help us comply with Federal/State equal employment opportunity recordkeeping, reporting, and other legal requirements.

This information will not be used in considering you for employment and the Pre-Employment Information Form will be kept in a confidential file separate from your Application for Employment.

1. Name: \_\_\_\_\_

2. Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      3. S.S.# \_\_\_\_\_

4. Race/Ethnic Group:      \_\_\_\_\_ White      \_\_\_\_\_ African American  
   \_\_\_\_\_ Hispanic      \_\_\_\_\_ American Indian  
   \_\_\_\_\_ Other \_\_\_\_\_

5. Sex:      \_\_\_\_\_ Male      \_\_\_\_\_ Female

6. Marital Status:      \_\_\_\_\_ Single      \_\_\_\_\_ Married  
   \_\_\_\_\_ Divorced      \_\_\_\_\_ Widowed

**NOTICE TO APPLICANTS**

**OVERTIME POLICY AND AGREEMENT FOR NON EXEMPT POSITIONS**

Consistent with the provisions contained in the 1985 amendments to the FAIR LABOR STANDARDS ACT, it is the City's policy to compensate non-exempt employees for overtime work with compensatory time off, when possible, in lieu of overtime pay.

If I am employed in a non-exempt position, I agree to accept, at the discretion of the City, either compensatory time off or overtime pay, as appropriate compensation for overtime work that I may be required to perform as an employee of the City of Rocky Mount.

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

**DRUGS/ALCOHOL POLICY**

It is the policy of the City of Rocky Mount to ensure that its employees are free from the effects of alcohol and drugs. All applicants selected for employment must satisfactorily pass a medical examination which includes a drug screening test. Those applicants with a confirmed positive test for drugs/alcohol will not be hired.