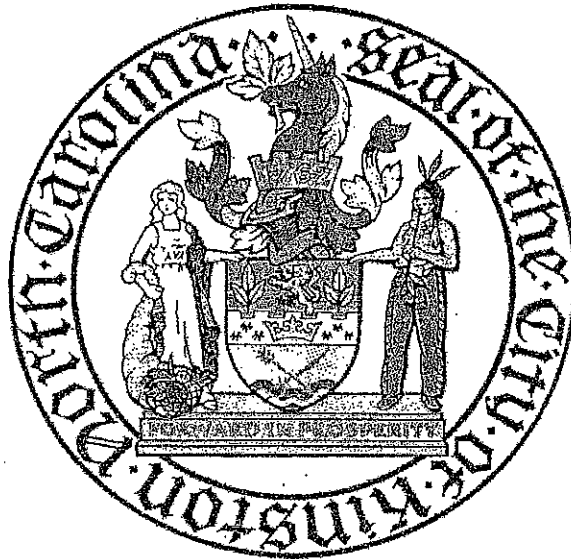


CITY OF KINSTON NORTH CAROLINA

APPLICATION FOR EMPLOYMENT



To help us learn about your experience, abilities and interests, please prepare this Application thoroughly and accurately. Your "Application for Employment" is used for making referrals to those City departments filling job openings. It can be officially considered by the City only after you have completed and submitted the original of the Application and the attached "Applicant Log" to the Personnel Department. If you forget to complete some part of this application, it will be returned to you for completion.

**DEPARTMENT OF HUMAN RESOURCES
CITY OF KINSTON
P.O. Box 339
207 East King Street
Kinston, NC 28501**

The City of Kinston is an Equal Opportunity/Affirmative Action Employer and does not discriminate in employment on the basis of race, color, religion, age, sex, national origin or disability.



APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

**CITY OF KINSTON
NORTH CAROLINA**

1. CURRENT DATA

Position Applied For _____ Date _____

Name _____
Last First Middle

Mailing Address _____
St. & No. or RFD City County State Zip

*NOTE: Employees of the City of Kinston are required to live within a 50 mile radius of the City of Kinston.

Telephone (Home) _____ (Business) _____

If neither, where can you be reached _____

When will you be available for work? _____

2. EDUCATION AND TRAINING

ENDING DATE _____ Circle highest grade completed:

High School _____ 1 2 3 4 5 6 7 8 9 10 11 12 GED
Name City State Month/Year

Education Beyond High School	Name and Location	Attended				Circle Number Years Completed	Credit Hours	Degree, Diploma or Certificate	Year Received	Major Subject
		From		To						
		Mo.	Yr.	Mo.	Yr.					
College or University						1 2 3 4				
Graduate or Professional						1 2 3 4				
Other (Internship, etc.)						1 2 3 4				

If your education includes courses specifically related to a position sought, please indicate these courses below.

Subject	Credits	Grade	Subject	Credits	Grade

Are you enrolled in school now? Yes No If yes, where? _____

Course of Study? _____

Fields of work for which you are licensed, registered or certified. Give date(s) and source(s) of issuance. _____

3. GENERAL INFORMATION

a. Citizenship: U.S. If not, Visa Type _____ Date Granted _____ Immigrant No. _____
Mo. Day Yr.

b. Military Status: Are you a veteran? Yes No Dates of Military Service: _____ To _____ Branch _____

c. Are you, or have you ever been employed by the City of Kinston? Yes No If yes, where? Give places, dates and name used (if different) in Item j.

d. Have you filed an application with the City of Kinston within the last 3 months? Yes No If yes, give date and position applied for in Item j.

e. Are you related by blood or marriage to any person now employed by the City of Kinston? Yes No If yes, give name, relationship and department name in Item j.

f. Have you ever been convicted of any unlawful offense (other than a minor traffic violation)? Yes No If yes, explain in Item j.

g. Will you accept employment requiring regular night work or weekend work? Yes No

h. Will you accept employment requiring occasional night work or weekend work? Yes No

i. Please list your driver's license number and the state and date it was issued.

License No. _____ State _____ Date of Issue _____ Date to Expire _____

j. _____

4. EMPLOYMENT RECORD

List your present or most recent employer FIRST. Include U.S. Armed Forces experience. Account for all time during the past 10 years. Include any volunteer or unpaid experience. If necessary, use the Continuation Sheet.

A. Title of present or last position _____ Starting Salary _____ Last Salary _____

Supervisor's Name and Title _____

Date employed	Mo.	Yr.
Date separated	Mo.	Yr.
Full Time	Years	Months
Part Time	Years	Months
If Part Time, number of hours worked per week		

Employer _____

Address _____

Duties _____

Reason for leaving _____

B. Title of next to last position _____ Starting Salary _____ Last Salary _____

Supervisor's Name and Title _____

Date employed	Mo.	Yr.
Date separated	Mo.	Yr.
Full Time	Years	Months
Part Time	Years	Months
If Part Time, number of hours worked per week		

Employer _____

Address _____

Duties _____

Reason for leaving _____

C. Title of next to last position _____ Starting Salary _____ Last Salary _____

Supervisor's Name and Title _____

Date employed	Mo.	Yr.
Date separated	Mo.	Yr.
Full Time	Years	Months
Part Time	Years	Months
If Part Time, number of hours worked per week		

Employer _____

Address _____

Duties _____

Reason for leaving _____

If you are employed now, may we inquire of your present employer regarding your experience and qualifications? No Yes

6. SKILLS

Please list any skills and abilities you wish considered. Include skills with equipment or machines you operate, special computer knowledge, laboratory techniques and the like. If you wish consideration for a secretarial position, indicate speeds for typing and shorthand.

- (a) _____ (d) _____ (g) _____
- (b) _____ (e) _____ (h) _____
- (c) _____ (f) _____ (i) _____

EQUAL OPPORTUNITY PLEDGE

The City of Kinston is an Equal Opportunity Employer. Through its affirmative action plan the City reaffirms its commitment to equality of opportunity and pledges that it will not practice or permit discrimination in employment on the basis of race, color, religion, sex, national origin or disability. The City complies with all applicable legislation prohibiting age discrimination in employment.

I hereby certify that all statements on this Application and the "Applicant Log" are true and complete to the best of my knowledge and belief. If employed I understand that any falsification of this record may be considered cause for termination. I authorize persons, schools, current employer (if approved by me in the "Employment Record" section) and other individual organizations or employers to provide the City of Kinston with any relevant information needed to consider my candidacy.

Applicant Signature _____ Date _____

Return to: Department of Human Resources
 P.O. Box 339
 207 East King Street
 Kinston, NC 28501

CONTINUATION SHEET
CITY OF KINSTON

NAME: _____ DATE: _____

Title of next position: _____ Starting Salary: _____ Last Salary: _____

Supervisor's Name & Title: _____

Employer: _____

Address: _____

Duties: _____

Reason for leaving: _____

Date employed	Mo.	Yr.
Date separated	Mo.	Yr.
Full Time	Yrs.	Mo.
Part Time	Yrs.	Mo.
If part-time, number of hours worked per week:		

Title of next position: _____ Starting Salary: _____ Last Salary: _____

Supervisor's Name & Title: _____

Employer: _____

Address: _____

Duties: _____

Reason for leaving: _____

Date employed	Mo.	Yr.
Date separated	Mo.	Yr.
Full Time	Yrs.	Mo.
Part Time	Yrs.	Mo.
If part-time, number of hours worked per week:		

Title of next position: _____ Starting Salary: _____ Last Salary: _____

Supervisor's Name & Title: _____

Employer: _____

Address: _____

Duties: _____

Reason for leaving: _____

Date employed	Mo.	Yr.
Date separated	Mo.	Yr.
Full Time	Yrs.	Mo.
Part Time	Yrs.	Mo.
If part-time, number of hours worked per week:		

Title of next position: _____ Starting Salary: _____ Last Salary: _____

Supervisor's Name & Title: _____

Employer: _____

Address: _____

Duties: _____

Reason for leaving: _____

Date employed	Mo.	Yr.
Date separated	Mo.	Yr.
Full Time	Yrs.	Mo.
Part Time	Yrs.	Mo.
If part-time, number of hours worked per week:		

Title of next position: _____ Starting Salary: _____ Last Salary: _____

Supervisor's Name & Title: _____

Employer: _____

Address: _____

Duties: _____

Reason for leaving: _____

Date employed	Mo.	Yr.
Date separated	Mo.	Yr.
Full Time	Yrs.	Mo.
Part Time	Yrs.	Mo.
If part-time, number of hours worked per week:		

Previous Employment Verification & Controlled Substance Test Inquiry
(As required by Federal Motor Carrier Safety Regulations parts 382 and 391)

COMPLETE ONLY THE LINES WITH "*"

* Company: _____ * Applicant: _____
* Attention: _____ * FAX: _____
* Phone: _____ Position Held: _____
Employed from: _____ To: _____ Are these dates accurate? Yes No

In connection with my application for employment with The City of Kinston, I have listed your company as a previous employer. Your assistance would be appreciated in completing the questionnaire that follows to describe my background while in your employ. Please be candid and release any information you can. I understand that the information will be used to evaluate my qualifications for employment purposes. I hereby authorize my prior employer listed above to release any and all information concerning my employment, ability, performance and drug/alcohol test results to The City of Kinston. I hereby release you, the respondent, from any and all liability of any type resulting in providing the above-mentioned information. *Thank you for your help.*

* Signature of Applicant: _____ * Date: _____

Employed as a driver, did the applicant travel: _____ Over the Road Regional Or Local

Specific areas traveled: _____ Commodities Hauled: _____

What type of vehicle did the applicant drive? Tractor/Trailer Straight Truck Other

Did the applicant Resign? Or was the applicant discharged? Reason for discharge?

The following is mandatory under the Federal Motor Carrier Safety Regulations part 382.

Did the applicant test positive for controlled substance in the previous 2 years? Yes No

Did the applicant refuse a drug test in the previous 2 years? Yes No

Did the applicant have an alcohol test with a result of 0.04 or greater? Yes No

Signature and Title of Person Providing Information: _____ Date: _____

Please Respond to: *City of Kinston, Human Resources
207 East King Street
P.O. Box 339
Kinston, NC 28502*

*Phone: (252)939-3120
FAX: (252)939-1519
ATTN: Debra Thompson
Admin. Asst./Recruitment Coord.*



CITY OF KINSTON

APPLICANT WAIVER AND RELEASE TO CONDUCT REFERENCE CHECKS

The City of Kinston employs a variety of tools in the selection of individuals to be considered for employment with the City. Each step is designed to collect information from applicants about individual characteristics that are closely related to job performance and to effectively use this data to identify the best applicants for employment.

One of the tools is the EMPLOYMENT REFERENCE. It involves collecting information about prospective job applicants from people who have had contact with the applicants. Its purpose is to verify information given by applicants on other selection devices such as application forms and interviews and to identify additional information that may have been omitted by the applicant.

REFERENCE CHECKS may include inquiries about employment and educational background, appraisal of an applicant's character and personality and assessments by previous employers and supervisors or others who have first hand knowledge of the applicants qualifications and job performance.

Job offers with the City are contingent upon positive REFERENCE CHECKS and are made only with the WRITTEN PERMISSION OF THE APPLICANT.

If applicants are currently employed and do not wish their current supervisors to be contacted, a REFERENCE CHECK will be performed at a mutually agreed upon time. Any information solicited in REFERENCE CHECKING will be job-related, satisfy the City's legitimate business interest, not violate EEOC guidelines and adhere to state and federal privacy laws concerning release of information.

YOUR SIGNATURE BELOW AUTHORIZES THE CITY TO CONDUCT THE EMPLOYMENT REFERENCE CHECKS REQUIRED BY CITY POLICY AND ORDINANCE:

I authorize the City of Kinston to contact persons familiar with my work qualifications to solicit information concerning my employment and educational background, appraisal of my character and personality, and an analysis of my job performance abilities. I understand that the information gathered is protected as confidential under North Carolina General Statute and will not be disclosed to me. I further understand that refusal to authorize the employment reference checks will result in my disqualification from consideration for employment with the City of Kinston. I understand that the City of Kinston reserves the right not to make an offer of employment if any of the information received through the reference checks materially contradicts information supplied through the application form and/or interview.

NOTE: Please have someone other than a family member witness your signature.

Signature of Applicant	Signature of Witness	Date

