



APPLICATION FOR EMPLOYMENT

INFORMATION PROVIDED WILL BE VERIFIED

PERSONAL INFORMATION

(LEGAL NAME) LAST NAME	FIRST NAME	MIDDLE NAME	TODAY'S DATE
------------------------	------------	-------------	--------------

LIST ANY OTHER NAMES USED IF DIFFERENT FROM NAME ABOVE (FOR BACKGROUND VERIFICATION PURPOSES ONLY. THIS INFORMATION WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM BEING CONSIDERED FOR EMPLOYMENT.)

PRESENT ADDRESS	CITY AND STATE	ZIP CODE	ARE YOU OVER THE AGE OF 18 YEARS?
-----------------	----------------	----------	-----------------------------------

EMAIL ADDRESS	HOME OR CELL PHONE	IF OFFERED EMPLOYMENT, CAN YOU SUBMIT EVIDENCE OF YOUR LEGAL RIGHT TO WORK FOR THE COMPANY IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
---------------	--------------------	---

POSITION APPLIED FOR	DESIRED SALARY	PER
----------------------	----------------	-----

REFERENCES

Please list at least 3 individuals who are qualified to evaluate your capabilities; preferably managers, peers, or subordinates. DO NOT INCLUDE RELATIVES.

NAME	RELATIONSHIP	TITLE	COMPANY	PHONE AND EMAIL ADDRESS
1.				
2.				
3.				
4.				
5.				

HIRING POLICIES

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, SEX (INCLUDING PREGNANCY), COLOR, AGE, NATIONAL ORIGIN, DISABILITY OR ANY OTHER PROTECTED STATUS. WE BASE OUR HIRING DECISIONS ON A VARIETY OF FACTORS, INCLUDING SKILLS AND ABILITY TO PERFORM THE JOB, PRIOR EMPLOYMENT EXPERIENCE, EMPLOYMENT REFERENCES AS TO CHARACTER AND WILLINGNESS TO WORK, WILLINGNESS TO ACCEPT THE OFFERED SALARY, AND PERSONAL INTERVIEWS. THE CITY OF CHARLOTTE IS AN EQUAL OPPORTUNITY EMPLOYER.

EMPLOYMENT INFORMATION – STARTING WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT, LIST ALL PREVIOUS EMPLOYERS INCLUDING SELF-EMPLOYMENT, MILITARY SERVICE, SUMMER AND PART-TIME JOBS FOR AT LEAST THE LAST 10 YEARS. MUST BE COMPLETED IN FULL FOR EACH EMPLOYER. WRITING “SEE RESUME” IS NOT ACCEPTABLE. USE ADDITIONAL SHEET(S) IF NECESSARY TO COVER YEARS OF EMPLOYMENT. **ADDITIONALLY, ATTACH YOUR PROFESSIONAL RESUME.**

1. ORGANIZATION NAME	TITLE	START DATE	END DATE
ADDRESS		PHONE	
NAME AND TITLE OF SUPERVISOR		MAY WE CONTACT?	<input type="checkbox"/> NOW <input type="checkbox"/> AFTER ACCEPTANCE OF OFFER
REASON FOR LEAVING			
2. ORGANIZATION NAME	TITLE	START DATE	END DATE
ADDRESS		PHONE	
NAME AND TITLE OF SUPERVISOR		MAY WE CONTACT?	<input type="checkbox"/> NOW <input type="checkbox"/> AFTER ACCEPTANCE OF OFFER
REASON FOR LEAVING			
3. ORGANIZATION NAME	TITLE	START DATE	END DATE
ADDRESS		PHONE	
NAME AND TITLE OF SUPERVISOR		MAY WE CONTACT?	<input type="checkbox"/> NOW <input type="checkbox"/> AFTER ACCEPTANCE OF OFFER
REASON FOR LEAVING			
4. ORGANIZATION NAME	TITLE	START DATE	END DATE
ADDRESS		PHONE	
NAME AND TITLE OF SUPERVISOR		MAY WE CONTACT?	<input type="checkbox"/> NOW <input type="checkbox"/> AFTER ACCEPTANCE OF OFFER
REASON FOR LEAVING			

U.S. MILITARY SERVICE

BRANCH OF SERVICE	TECHNICAL SPECIALIZATION	RANK ATTAINED

EDUCATION HISTORY

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DEGREE/ AREA OF STUDY	NUMBER OF YEARS ATTENDED	GRADUATED (CHECK ONE)
HIGH SCHOOL	NAME ADDRESS			<input type="checkbox"/> YES
	CITY STATE ZIP			<input type="checkbox"/> NO
COLLEGE	NAME ADDRESS			<input type="checkbox"/> YES
	CITY STATE ZIP			<input type="checkbox"/> NO
GRADUATE SCHOOL	NAME ADDRESS			<input type="checkbox"/> YES
	CITY STATE ZIP			<input type="checkbox"/> NO
OTHER/TRADE SCHOOL	NAME ADDRESS			<input type="checkbox"/> YES
	CITY STATE ZIP			<input type="checkbox"/> NO
LICENSURE, CERTIFICATIONS, SPECIAL TRAINING				

CERTIFICATION

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION

I affirm that I am making this application because I am sincerely interested in being hired by **the CITY OF CHARLOTTE** (hereby known as "the CITY") and not for any other purpose.

I certify that all statements I have made on this application, on my resume, or other supplementary materials are true and correct. I hereby authorize the CITY to investigate the accuracy of this information from any person or organization and I release the CITY and all persons and organizations from all claims or liabilities of any nature arising from such investigations or the supplying of information for such investigations. I understand that if I am being considered for a position which requires driving a CITY vehicle, a report examining my driving record may also be requested, and I similarly release all persons and organizations from all claims or liabilities of any nature arising from such examination or the supplying of information for such examination. I acknowledge that any false statement, significant omission, or misrepresentation on this application or supplementary materials will be cause for refusal to hire or, if employment has already begun, for immediate dismissal at any time during the period of my employment.

I am in agreement with the CITY'S policy of equal opportunity in all phases of employment without regard to race, gender, color, religion, national origin, sexual orientation, age, veteran's status, marital status, or disability.

I also understand that if employment is offered and accepted, such employment is not for any specified term. I further understand that this application is not, and is not intended to be, a contract of employment.

I understand that, if offered employment, I will have three days to submit documents to verify my identity and authorization to work for the CITY in the United States and that failure to submit such documents within three days will preclude me from actually beginning employment with the CITY and may result in withdrawal of the CITY'S offer of employment to me, or, if employment has begun, will result in the termination of my employment. I certify that any documents I furnish to verify my identity and authorization to work for the CITY in the United States will be authentic and will relate to me.

I understand additional documentation will be required as a pre-condition for employment and that I may be required to submit to a drug screen, pre-employment physical and background security check. I understand and agree that my completion of this form does not guarantee that the CITY will offer me employment. I further understand and agree that if I am hired I am required to read and abide by all rules and regulations of the CITY governing the conduct of its employees, including those set forth in the CITY Personnel Policies.

Your signature reflects that you have read and understood all of the above statements and conditions of employment. Your signature further reflects that you understand and agree that any material misrepresentation or deliberate omission of the facts provided to the City of Charlotte by you will justify the City of Charlotte terminating its consideration of your application for employment, or, if employment has begun, terminating your employment.

SIGNATURE OF APPLICANT	DATE
------------------------	------

All applications must be accompanied with a [Disclosure and Authorization for Background Investigation form](#).

DISCLOSURE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I hereby recognize the City of Charlotte, hereinafter referred to as Employer, and/or its designated agent, hereinafter referred to as Agent, may procure a consumer report and/or an investigative consumer report on me for the purpose of evaluating me for employment, promotion, discipline, retention, volunteer, assignment or reassignment and to make an independent investigation of my background, including but not limited to, references, character, mode of living, personal interviews with those acquainted with me, past/present employment, education, credit, motor vehicle records, drug screening, worker's compensation records, federal, civil, criminal and other police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application, resume, or in supporting documentation, which may be material to my qualifications.

I, hereby authorize the procurement of a consumer report and/or an investigative consumer report on me and understand the Employer, and or its designated agent, will adhere to all applicable state and federal statutes and to the securing of the information, handling and release of information obtained in the procurement of a consumer report and/or an investigative consumer report on me. I further understand, pursuant to Section 606(b)(3) set forth in the Fair Credit Reporting Act, I have the right to request additional disclosures as to the nature and scope of the investigation and understand if an adverse decision is made, due to the contents of this investigative report, I will receive a free copy of the report and a copy of the Consumer Financial Protection Bureau's "Summary of Your Rights." I agree this signed consent hereby authorizes the Employer, and or its designated Agent to conduct necessary, random, and/or periodic background qualification or employment. I assert a telephonic facsimile (FAX) or a photographic copy of this authorization shall be valid as the original.

PLEASE PRINT CLEARLY

First Name		Middle Name (NO INITIALS)		Last Name	
_____		_____		_____	
Maiden Name		Nicknames		Any Other Names Used	
_____		_____		_____	
Date of Birth	Sex	Race	Social Security Number		
_____	_____	_____	_____		
Driver's License Number		State of License		Expiration Date	
_____		_____		_____	
Present Address	City	State/Zip	County	How long there?	
_____	_____	_____	_____	_____	
Former Address	City	State/Zip	County	How long there?	
_____	_____	_____	_____	_____	
Former Address	City	State/Zip	County	How long there?	
_____	_____	_____	_____	_____	
Signature (Required) PLEASE DO NOT PRINT		Date		Witnessed	
_____		_____		_____	