City of Creedmoor EMPLOYMENT APPLICATION



P.O. Box 765 // 111 Masonic Street // Creedmoor, NC 27522

www.cityofcreedmoor.org

The City of Creedmoor is an equal opportunity employer. All applicants are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status. Applications may be submitted at City Hall, mailed via USPS, faxed to (919) 528-3052, or emailed to hr@cityofcreedmoor.org.

Applica	ation Information				
Date:		Position for which you are applying:		Com	Desired pensation:
	Referral Source: Please indicate your referral source				
Person	al Data (All informa	tion must be completed for appli	cation to be conside	red)	
	Name:	First Name	Middle Name		Last Name
A	Address:				Zasi . raine
	1	Stree	t & Mailing Address	!	
	!	City		State !	Zip Code
Phone N	umbers:				
	1	Ноте	Work	•	Cell
Email A	Address:				
	able to perform the jol	commodation, are you o duties of the position nich you are applying?	Yes		No 🗆
If you ansv	wered "No," list reasons he additional pages i	re (attach f needed).			
Are you	related by blood or ma now employed by t	rriage to any person(s) he City of Creedmoor?	Yes		No 🗆
relations	If you answered "Yes," lis ship (attach additional page	t name and s if needed).			
	Have you pre	viously worked for the City of Creedmoor?	Yes		No 🗆
	If you answer list the dates and position (attach additional pages i	ı you held			
		er in the U.S. Military military organization?	Yes		No 🗆
	If yes, was your discho	arge □ Honorable	□ Dishonorable	□ Uncharacteriz	ged 🗆 General

Education						
	High School, Ci	ty & State	Number of Full Years' Work Completed	Degree Awa	rded Major / I	Field
Un	iversity or Colleg	e, City & State	Number of Full Years' Work Completed	Degree Awa	rded Major / I	Field
	I the General Ed If you answ	aduate from High Schoo ducation Development (G		Yes 🗆	No 🗆	
		ou complete the GED?				
Current P	rofessional S	Status (List fields of we	ork for which you have	e been registered)	1	
Registration			State	No)	
Registration			State	No)	
Registration			State	No.)	
Memhershi	ns (List membe	erships in professional,	honorary or technica	l societies)		
	ps (Elsi meme	ersnips in projessional,	nonorary, or recurred	i societies)		
Licenses and applicable, al	l Certification ong with date o	ns (List in order from the faction of the fact in order from the fact in the	nose most applicable to on date (if any), and so	o the position for v purce of issuance)	which you are applying to led	ıst
		,	(g, /,,	,		
Residences	(List addresses j	for the past ten (10) years	beginning with present a	(ddress)		
From Month/Year	To Month/Year		Street Address		City, State & Zip Co	de
		!				

Employment Information

	r been discharged or n from any position?		Yes		No	
	ed "Yes," provide details litional pages if needed).					
you ever been diso If you answere	of employment, have ciplined or demoted? ed "Yes," provide details ditional pages if needed).		Yes		No	
Employment History (supplemental application p	List all positions you have hages.)	eld, beginnir	ng with the mos	t recent. If	additional spac	e is needed, attach the
Current or Last Employer	Address	S				
Job Title	Supervis	or's Name			Phone	
Date Employed (MM/YYYY)	(or the	for Leaving the Reason for ting to Leave)				May We ontact?
Date Separated (MM/YYYY)		or duties that d (do not state "		competencies	related to the posit	ion for which you are
Starting Salary						
Ending or Current Salary						
Employer		Address				
Job Title	Supervi	sor's Name			Phone	
Date Employed (MM/YYYY)	(or the	for Leaving the Reason for ting to Leave)				
Date Separated (MM/YYYY)		or duties that d (do not state "		competencies	related to the posit	ion for which you are
Starting Salary						
Ending Salary						

Employer		Address				
Job Title		Supervisor's Name			Phone	
Date Employed (MM/YYYY)		Reason for Leaving				
Date Separated (MM/YYYY)		List major duties that of applying (do not state '		r competencies relate	ed to the position	n for which you are
Starting Salary						
Ending Salary						
	ffense Record & License I ever been convicted of a felony?	nformation	Yes		No 🗆	
	If you answered "Yes," provide detail (attach additional pages if needed).					
	ever been placed on probation? If you answered "Yes," provide detail		Yes		No 🗆	
Do you	(attach additional pages if needed). possess a valid driver's license?	State Louis d Du	Yes	- Emiration Data	No 🗆	
Num		State Issued By		Expiration Date		
If yo	Do you possess a CDL? ou answered "Yes," list endorsements.		Yes		No 🗆	
driving	Has your license ever been bended or revoked, or have your privileges ever been restricted?		Yes		No 🗆	
If y	you answered "Yes", provide detail. your license had been suspended r revoked, has it been restored?		Yes		No 🗆	
	If you answered "Yes," provide date.					

Briefly explain why you are most interested in this position.									
Professional References									
Name	Title	Company/Organization	Phone	Email					
Notice to Applicants									
Prior to an offer of employment being extended to sworn law enforcement applicants, a thorough background check, credit check, and criminal record check will be conducted. Upon a job offer being extended and accepted, sworn law enforcement candidates may be required to participate in a physical exam, psychological exam, and substance abuse screening.									
Upon a job offer being extended to and accepted by non-sworn law enforcement applicants, a thorough background check (possibly including a credit check and/or criminal record check for specific positions), physical exam (for specific positions only), and substance abuse screening will be conducted. Credit checks are conducted for positions that handle funds and have certain other responsibilities.									
Applicant Certification									
I hereby certify that every statement omission of information will subj		-	hat I understand ar	ny misstatement or					
I authorize the City to obtain in whether or not it is in my recor understand a thorough backgro conducted.	ds. I hereby release	the City from any liabilit	y whatsoever for	disclosing same. I					
Employment with the City of Credate or method of payment of wa Manager, no department director, will status of any employment or agreement altering at-will status in	ges or salary, be term supervisor, or other to enter into any emp	ninated at any time with or v person, irrespective of title ployment contract for a defi	without cause. Oth or position, has au nite period of time	ner than the City athority to alter the at-					
This application is not an offer of	^f employment nor sho	uld it lead to an expectation	n of employment.						
Applicant Signature		Da	te						

Applicants: Complete and submit this page only if additional space is required.

Employer	Address		
Job Title	Supervisor's N	Name Phone	
Date Employed (MM/YYYY)	Reason for Le	eaving	
Date Separated (MM/YYYY)		ties that demonstrate your competencies related to the position of state "see resume").	n for which you are
Starting Salary			
Ending or Current Salary			
Employer		ddress	
Job Title	Supervisor's	Name Phone	
Date Employed (MM/YYYY)	Reason for Le	eaving	
Date Separated (MM/YYYY)		ties that demonstrate your competencies related to the position of state "see resume").	n for which you are
Starting Salary			
Ending Salary			
Employer	Address		
Employer	Address		
Job Title	Supervisor's	Name Phone	
Date Employed (MM/YYYY)	Reason for Le	eaving	
Date Separated (MM/YYYY)		ties that demonstrate your competencies related to the position of state "see resume").	n for which you are
Starting Salary			
Ending Salary			