

# CITY OF ROANOKE RAPIDS

## APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application						
How Did You Learn About Us? <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 33%;">Advertisement</td> <td style="width: 33%;">Relative</td> <td style="width: 33%;">Inquiry</td> </tr> <tr> <td>Employment Agency</td> <td>Friend</td> <td>Other _____</td> </tr> </table>		Advertisement	Relative	Inquiry	Employment Agency	Friend	Other _____
Advertisement	Relative	Inquiry					
Employment Agency	Friend	Other _____					

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Numbers		Social Security Number	

Best time to contact you at home is:..... a.m/p.m.

If you are under 18 years of age, can you provide required proof of your eligibility to work?..... yes no

Have you ever filed an application with us before?..... yes no  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?..... yes no  
If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here?..... yes no

Are you currently employed?..... yes no

May we contact your present employer?..... yes no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?..... yes no  
*(Proof of citizenship or immigration status will be required upon employment)*

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available for work:      Full-time    (please indicate 1 2 3 shift)  
   Part-time    (please indicate Mornings Afternoon Evenings)  
   Temporary   (please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_-\_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "layoff" status and subject to recall?..... yes no

Can you travel if a job requires it?..... yes no

# EDUCATION

	<b>Name and Address of School</b>	<b>Course of Study</b>	<b>No. of years completed</b>	<b>Diploma Degree</b>
<b>Elementary School</b>				
<b>High School</b>				
<b>Undergraduate College</b>				
<b>Graduate Professional</b>				
<b>Other (Specify)</b>				

Describe any specialized training apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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**EMPLOYMENT EXPERIENCE**

	<b>DATES OF EMPLOYMENT</b>	<b>SALARY</b>	<b>WORK PERFORMED</b>
EMPLOYER			
ADDRESS			
TELEPHONE NUMBER			
JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING			
	<b>DATES OF EMPLOYMENT</b>	<b>SALARY</b>	<b>WORK PERFORMED</b>
EMPLOYER			
ADDRESS			
TELEPHONE NUMBER			
JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING			
	<b>DATES OF EMPLOYMENT</b>	<b>SALARY</b>	<b>WORK PERFORMED</b>
EMPLOYER			
ADDRESS			
TELEPHONE NUMBER			
JOB TITLE			
SUPERVISOR			
REASON FOR LEAVING			
	<b>DATES OF EMPLOYMENT</b>	<b>SALARY</b>	<b>WORK PERFORMED</b>
EMPLOYER			
ADDRESS			
TELEPHONE NUMBER			
JOB TITLE			
SUPERVISOR			



**Applicant's Statement**

I certify that answers given herein are true and complete.  
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any application wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# CITY OF ROANOKE RAPIDS

P.O. BOX 38 ROANOKE RAPIDS, NC 27870 (252) 533-2800

FAX (252) 533-2809

## PRE-EMPLOYMENT INFORMATION FORM

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

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

1. Name: \_\_\_\_\_  
                    First                                      Middle                                      Last

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Birth Date: \_\_\_\_\_ 4. Social Security Number: \_\_\_\_\_

5. Drivers License Number \_\_\_\_\_ Class \_\_\_\_\_ Phone Number \_\_\_\_\_

6. Race/Ethnic Group: \_\_\_\_\_ White                      \_\_\_\_\_ Black  
                    \_\_\_\_\_ Hispanic                      \_\_\_\_\_ American Indian                      \_\_\_\_\_ Other

7. Sex: \_\_\_\_\_ Male                      \_\_\_\_\_ Female

8. Are you related to anyone that is now employed by the City of Roanoke Rapids?

                    \_\_\_\_\_ NO                      \_\_\_\_\_ YES

If yes, please list their name \_\_\_\_\_

Relationship to you \_\_\_\_\_

It is the policy of the City of Roanoke Rapids that 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.

**CITY OF ROANOKE RAPIDS  
ROANOKE RAPIDS POLICE DEPARTMENT**

The following documents must be provided by the applicant and submitted with the Application for Employment for the position of Police Officer:

- City of Roanoke Rapids Application for Employment
- Notification and Authorization Form for Employment Credit Report
- Pre-Employment Information Form
- Authorization for Release of Information (**notarized**)
- Applicant Drug and Alcohol Testing Consent Agreement (**must be witnessed**)
- Criminal Justice Education and Training Standards Commission-Form F-3 (Personal History Statement) notarized
- Copy of Birth Certificate and/or Certificate of Naturalization
- Copy of High School Diploma or certified copy of transcript, GED Equivalency, and College Transcript if applicable
- Copy of Social Security Card
- Copy of Valid Drivers License
- Military discharge papers if applicable (**Form DD-214**)
- Applicant Fingerprint Cards (4 cards)  
**Note: Your local law enforcement agency can assist you with this process. Fingerprint cards must be completed by a law enforcement officer.**
- Photo of self
- Work History, include **phone numbers** of business work locations
- References: **Day and night time** phone number where references can be reached
- I. Copy of Credit Report from a credit bureau or can be obtained by calling Equifax at 800-944-1122  
**Note: Along with a receipt, the Credit Report fee will be reimbursed to you in the event that you are hired.**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize a representative of the \_\_\_\_\_ bearing this release, or a copy thereof, within sixty days of its date, to obtain any information in your files pertaining to my employment, military, credit, or educational records, including but not limited to academic, achievement, attendance, athletic, personal history and disciplinary records. I hereby direct you to release such information upon request to the bearer, **the City of Roanoke Rapids**. This release is executed with the full knowledge and understanding that the information is for the official use of the City of Roanoke Rapids. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of your compliance with the authorization and request to release information, or any attempt to comply with it. I am furnishing my Social Security Account Number and Date of Birth on a voluntary basis with the understanding that such is not required by Federal or state statute or regulation. I have been advised that the City of Roanoke Rapids will utilize these numbers only to facilitate the location of criminal, employment, military, credit and educational record concerning me in connection with this application. Should there be any questions as to the validity of this release, you may contact me as indicated below.

**FULL NAME:** \_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed or Typed**

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**DRIVERS LICENSE NUMBER AND STATE OF ISSUE:** \_\_\_\_\_

**COLLEGE OR UNIVERSITY ATTENDED:** \_\_\_\_\_

**DATES ATTENDED:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**DATE OF RELEASE** \_\_\_\_\_

**SWORN TO AND SUBSCRIBED TO BEFORE ME, THIS THE \_\_\_\_ DAY OF \_\_\_\_\_, 2000**

\_\_\_\_\_  
**NOTARY PUBLIC**

**MY COMMISSION EXPIRES:**

MINIMUM REQUIREMENTS FOR FIREFIGHTER

1. Age: 18 minimum.
2. U. S. citizen
3. Education: High school diploma or GED.
4. No conviction of a felony or serious demeanor.
5. Able to perform the essential functions of the job: e.g. ability to withstand heights and wear airpack.
6. Ability to obtain Class B license within three months of employment.
7. Written Test: Must successfully pass written examination.
8. Must successfully pass physical strength and agility test.
9. Must pass medical examination by M. D.
10. Must successfully pass drug test.
11. Psychological Testing: Applicants, after successfully passing all other aspects of testing, will be tested by the Halifax County Mental Health Center.
12. Provide verification of high school diploma or GED.
13. Provide copy of birth certificate.
14. Have you ever served in the military? \_\_\_\_\_ No      \_\_\_\_\_ Yes.  
If yes, provide copy of DD 214
15. Have you ever attended college? \_\_\_\_\_ No      \_\_\_\_\_ Yes.  
If yes, provide grade transcripts.
16. List any fire related training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
17. Provide copy of Credit Report from a credit bureau or can be obtained by calling Equifax at 800-944-1122.  
  
Note: If you are hired, the credit report fee will be reimbursed as long as a receipt is provided.
18. Telephone: Applicant, when employed, must have a private line telephone.

I, \_\_\_\_\_, do hereby understand and agree that upon being hired as a firefighter for the City of Roanoke Rapids that I must reside either in the City of Roanoke Rapids or within a fifteen (15) mile radius but no further than a thirty (30) minute drive time from my residence to the steps of the Fire Station. In no case shall I reside outside of the State of North Carolina. I must keep a telephone in working order in my residence at all times. I understand if I change my place of residence or telephone number I shall notify the shift officer and Department Administrative Support Assistant II immediately so I can be reached in case of an emergency. PO Box numbers are not acceptable. Place of residence is defined as having an apartment, street, or building address (numbers). Proof of residence must be supplied upon request. This must consist of address or drivers license, water or electrical bill receipts, past and present rent/mortgage receipts, etc.

Signed: \_\_\_\_\_

North Carolina  
\_\_\_\_\_ County

I, \_\_\_\_\_ a Notary Public for said County and State, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Seal

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_, 20 \_\_\_\_.