



TOWN OF MINT HILL

Employment Application

Department of Human Resources, 4430 Mint Hill Village Lane, Mint Hill, North Carolina
28227

704-545-9726

Read this application completely.

1. Town of Mint Hill applications are accepted for current vacancies only.
2. A separate Town of Mint Hill application must be completed for each vacancy and photocopies are accepted with original signature. Applicants who wish to submit the application via e-mail will be required to sign it at the time of the interview, if selected. Submitted applications will become property of the Town and will not be returned.
3. Please review the education and experience requirements for each position. These are minimum standards that applicants must meet or exceed to be given consideration for employment.
4. Give complete information on training, education, and work experience.
5. You must complete all parts of the application. (Resumes are welcome as a supplement.) Failure to respond to all parts of the application may result in your not being considered for the vacancy.
6. Applicants will be required to furnish documentation certifying their identity and eligibility to work in the United States as a condition of employment.

Thank you for your interest in employment with the Town of Mint Hill. Our interest and efforts are to find the best qualified individuals to serve our citizens. Although everyone who applies cannot be hired, your application will be given every consideration. Applicants will be notified when the position for which they applied has been filled.

Name _____
Last First Middle

Job Title _____ Department _____

The Town of Mint Hill is an Equal Opportunity Employer.

Employment History

This portion of the application must be completed even if a resume is submitted. Starting with the most recent employer, list all full and part-time jobs, summer or volunteer work. Include periods of military service, self-employment, and unemployment. Please leave no unexplained gaps. Attach a separate sheet if necessary.

May we contact your present employer? _____ If not, please give the reason. _____

1	Last or present employer	Telephone ()
	Address	Date employed (mo/yr) Date separated (mo/yr) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	Supervisor's name and title	Earnings Starting Ending
	State job title and describe your work.	Reason for Leaving
2	Previous employer	Telephone ()
	Address	Date employed (mo/yr) Date separated (mo/yr) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	Supervisor's name and title	Earnings Starting Ending
	State job title and describe your work.	Reason for Leaving
3	Previous employer	Telephone ()
	Address	Date employed (mo/yr) Date separated (mo/yr) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	Supervisor's name and title	Earnings Starting Ending
	State job title and describe your work.	Reason for Leaving

4	Previous employer	Telephone ()
	Address	Date employed (mo/yr) Date separated (mo/yr) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	Supervisor's name and title	Earnings Starting Ending
	State job title and describe your work.	Reason for Leaving

5	Previous employer	Telephone ()
	Address	Date employed (mo/yr) Date separated (mo/yr) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	Supervisor's name and title	Earnings Starting Ending
	State job title and describe your work.	Reason for Leaving

6	Previous employer	Telephone ()
	Address	Date employed (mo/yr) Date separated (mo/yr) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
	Supervisor's name and title	Earnings Starting Ending
	State job title and describe your work.	Reason for Leaving

Indicate skills, knowledge and abilities in the following areas which relate to the position for which you are applying. Please check all that apply and that you would be able to use immediately upon employment.

- Typing wpm _____
 Speedwriting wpm _____
 Shorthand wpm _____
 Data Entry keystrokes/hr _____
 Transcription wpm _____
 Adding Machine/Calculator _____
 Word Processing (specify equipment and software) _____
 Computer Operations (specify equipment) _____
 Computer Programming (specify languages and equipment) _____
 Tractor Backhoe Grader Mower
 Other _____
 List any special skills you possess and/or equipment you can operate.

TRAINING

List fields of work for which you have been registered, licensed or certified.

Registration: _____ State: _____ #: _____ Exp. Date: _____
 Registration: _____ State: _____ #: _____ Exp. Date: _____

List internships, specific courses, workshops, training and/or memberships you may have had that relate to the position for which you are applying. Include credit hours or CEUs if applicable: _____

REFERENCES

List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying, such as co-workers, teachers, etc. DO NOT repeat the names of supervisors previously listed.

NAME	ADDRESS	PHONE #
1.		() -
2.		() -
3.		() -

CERTIFICATE OF APPLICANT

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. In addition, I give the following Authorization and Release Information. I hereby authorize my previous employers, personal references listed, and other persons or institutions shown on my application to provide The Town of Mint Hill any information requested. I further authorize The Town of Mint Hill to conduct a Police and Court Records investigation of my background. I understand that false information may be grounds for rejection of my application and/or dismissal if I am employed.

Applicant's Signature _____ Date _____

CONFIDENTIAL APPLICANT LOG

The Town of Mint Hill is an equal opportunity employer. As part of the Town's Equal Opportunity Program, the federal government requires us to compile summary data about applicants. This Confidential Applicant Data Sheet is intended to help collect this information. All responses are completely voluntary and will be used for statistical analysis only. This sheet will be removed by Human Resources and will not remain with your application. Refusal to respond will not result in adverse treatment of any applicant.

Name _____ Date of Birth _____

Position Applied For _____

Sex: Male Female

REFERRAL SOURCE: (Please mark box and name particular source, if applicable)

- Newspaper _____ Personal Reference _____
- Employment Security Commission Professional Newsletter or Magazine _____
- Walk-in Internet Other _____

ETHNIC BACKGROUND

- White** (non Hispanic origin)
- Black/African American** (non Hispanic origin)
- American Indian or Alaskan Native**
- Hispanic** (Mexican, Puerto Rican, Cuban, Central/South American, Latino, regardless of race)
- Other or Multi-Ethnic/Racial**

VETERAN

- Vietnam Era Veteran** – “A person (1a) who served on active duty between 8/5/64 and 5/7/75 for a period of more than 180 days, and any part of which occurred during the Vietnam era, and was discharged or released therefrom with other than a dishonorable discharge, or (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the Vietnam era, and (2) who was so discharged or released within 48 months preceding his application for employment covered under the Act.
- Disabled Veteran** – “A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 percent or more, or rated at 10 to 20 percent in the case of a veteran who has been determined to have a serious employment handicap (section 1506 of Title 38) or a person who was discharged from active duty because of a service-connected disability.”
- Disabled Vietnam Era Veteran** - both of the above.

DISABILITY

- Any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.
- None/Prefer not to report**
- Blind or severely visually impaired**
- Deaf or severely hearing impaired**
- Loss or limited use of arms and/or hands**
- Non-ambulatory** (must use wheelchair)
- Semi-ambulatory** (limited mobility, but wheelchair not needed)
- Respiratory impairment**
- Nervous System/neurological disorder**
- Mental illness/emotional disturbance**
- Learning disability**
- Other**

CITIZENSHIP

- Resident Foreign National** (an alien who has been admitted for permanent residence - must have Alien Registration Receipt Card, form I-551)
- Non-Resident Foreign National** (an alien admitted temporarily for specific purposes and periods of time)
- United States Citizen**

U.S. SELECTIVE SERVICE REQUIREMENT

- I certify that I am registered with Selective Service.
- I certify that I am not required to be registered with Selective Service because I am female.
- I am in the armed service on active duty. (Note: Does not apply to members of the Reserves and National Guard who are not on active duty.)
- I have not reached my 18th birthday.
- I am a citizen of the Federated States of Micronesia, or the Marshall Islands or a permanent resident of the Trust Territory of the Pacific Islands (Palau).