



Town of Indian Trail

315 Matthews-Indian Trail Road, Indian Trail, NC 28079

704-821-5401 | www.indiantrail.org

Employment Application

The Town of Indian Trail will maintain this application in active status for 30 days. If you desire to be considered for employment after 30 days from the date of this application, you must complete and submit a new application.

The Town of Indian Trail is an Equal Opportunity Employer. The Town does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by law or the presence of a non-job related medical condition or disability.

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Phone: _____

ADDITIONAL INFORMATION

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? Yes No

Have you ever been employed with us before? Yes No If yes, give date: _____

Do any of your friends or relatives work here? Yes No If yes, who? _____

Are you an active member of the U.S. Military Service? Yes No

- Date active service began/ended: _____

Are you a member of the National Guard/Reserve? Yes No

- Unit: _____
- Obligation: _____

Are you currently employed? Yes No

- If yes, may we contact your current employer? Yes No

POSITION DETAILS

Position Applied For: _____

Date of Application: _____ Desired Salary Range: _____

Are you available to work: Full-Time Part-Time Temporary

Date available for work: Immediately Two Weeks Other: _____

How did you learn about us? Website Indeed Word of Mouth
Social Media Email Other: _____

WORK HISTORY

Please begin with your present or last job, including volunteer or military service.

Work Experience

Employer:

Address:

Telephone:

Job Title

Supervisor:

Salary:

Dates Employed:

Reason For Leaving:

Work Performed:

Work Experience

Employer:

Address:

Telephone:

Job Title

Supervisor:

Salary:

Dates Employed:

Reason For Leaving:

Work Performed:

Work Experience

Employer:

Address:

Telephone:

Job Title

Supervisor: **Salary:**

Dates Employed:

Reason For Leaving:

Work Performed:

EDUCATION HISTORY

	Name of School	Dates Attended	Major/Concentration
High School			
Undergraduate School			
Graduate School			
Other			

DESCRIBE ANY SPECIALIZED TRAINING, SKILLS, INTERNSHIPS AND /OR JOB-RELATED COURSES

SUMMARIZE ANY SPECIAL JOB-RELATED SKILLS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE

PROFESSIONAL REFERENCES (List persons you've professionally worked with and have knowledge of your qualifications)

Name	Phone	Job Title

I authorize the investigation of all statements contained in the application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Town permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Town from any liability as a result of such contact.

I also understand that (1) the Town has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Town may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Town, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Town shall be probationary for a period of six months, and further that at any time during the probationary period or thereafter, my employment relation with the Town is terminable at will for any reason by either party.

Signature of Applicant: _____

Date: _____