



CITY OF ROANOKE RAPIDS

STANDARD APPLICATION FOR EMPLOYMENT



EDUCATION

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

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

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



CITY OF ROANOKE RAPIDS

STANDARD APPLICATION FOR EMPLOYMENT



<u>EMPLOYMENT EXPERIENCE</u>			
Dates of Employment		SALARY	
Employer			
Address			
Telephone Number		Supervisor	
Job Title			
Work Performed			
Reason For Leaving			
Dates of Employment		SALARY	
Employer			
Address			
Telephone Number		Supervisor	
Job Title			
Work Performed			
Reason For Leaving			



CITY OF ROANOKE RAPIDS

STANDARD APPLICATION FOR EMPLOYMENT



<u>EMPLOYMENT EXPERIENCE</u>			
Dates of Employment		SALARY	
Employer			
Address			
Telephone Number		Supervisor	
Job Title			
Work Performed			
Reason For Leaving			

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

ADDITIONAL INFORMATION/Other Qualifications
Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/Mobile Machinery List	Other
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
_____ WPM		_____	_____



CITY OF ROANOKE RAPIDS

STANDARD APPLICATION FOR EMPLOYMENT



State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____YES _____NO

REFERENCES

NAME	PHONE NUMBER	ADDRESS
------	--------------	---------

NAME	PHONE NUMBER	ADDRESS
------	--------------	---------

NAME	PHONE NUMBER	ADDRESS
------	--------------	---------

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
STANDARD APPLICATION FOR EMPLOYMENT**



**Applicant Drug and Alcohol Testing
Consent Agreement**

As a prerequisite to employment, I hereby agree to allow The City of Roanoke Rapids to collect urine samples from me to determine the presence of drugs or alcohol in my body. Further, I give my consent to the release of my test results to authorize The City of Roanoke Rapids management for appropriate review.

I understand that the results of the drug/alcohol testing of my urine, for a period of three months, if positive, will remove me from consideration for employment. I also understand that if I refuse to consent, I will be removed from further consideration for employment.

Further, I understand that, if employed by The City of Roanoke Rapids, I must abide by their terms of The City of Roanoke Rapid’s Drug and Alcohol Policy and may be required to submit to testing for the presence of drugs or alcohol for reasons stated in The City of Roanoke Rapids policy. I understand that submission to such testing is a condition of employment with The City of Roanoke Rapids and disciplinary action, up to and including termination, may result for violating The City of Roanoke Rapid’s Drug and Alcohol Policy.

I hereby consent to the administration of the drug and alcohol test to the terms and conditions of the Consent Agreement.

_____ Date

Applicant’s Signature

Social Security Number _____

_____ Date

Witness’s Signature

I hereby refuse the drug and alcohol detection urine test.

_____ Date

Applicant’s Signature

Social Security Number _____

_____ Date

Witness Signature



CITY OF ROANOKE RAPIDS

STANDARD APPLICATION FOR EMPLOYMENT



P.O. BOX 38 - ROANOKE RAPIDS, NC 27870 (252) 533-2845 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

STANDARD APPLICATION FOR EMPLOYMENT



INITIAL NOTICE TO APPLICANTS AND EMPLOYEES

North Carolina laws give you the rights and responsibilities regarding an employment-related test for controlled substances (a drug test). The law covering this test is called the Controlled Substance Examination Regulation Act (CSERA), NCGS 95-230—235.

- Do I have to take a drug test?
 - No. However, the employer can make taking the test a condition of your employment. If you refuse to take the test, you may not get the job or you may be disciplined or fired.
- What can the employer test?
 - Your blood or urine.
- What can the employer test for?
 - Any controlled substance listed in NCGS 90-87(5) or a metabolite thereof. Most employees will test for five to ten controlled substances.
- What is required for the sample collection?
 - The collector must follow the collection procedures established by the approved lab.
 - You must follow the collector's instructions during the collection and paperwork processing.
 - You must complete the paper work-sign the strip after it is placed over the sealed bottle.
- Who will perform the test?
 - An approved lab must perform the initial screen. If that initial screen has a positive result, the approved lab must run a confirmation test using GC/MS.
- How will I learn of the results?
 - You may not hear anything. The employer must tell you if the test result is positive. The notice of a confirmed positive result must be in writing and given to you within 30 days of when the employer learned of the positive result. This notice must also tell you what your rights and responsibilities are regarding having the confirmed positive result retested. The approved laboratory that performed the test is required to keep the sample for at least 90 days from the time the result is sent to the employer.
- Are the circumstances of the test and the test results confidential?
 - Yes. With limited exceptions, the examiner, collector, and approved lab must keep confidential all information relating to your drug test.
 - However, if you want to protect this confidentiality, be careful not to discuss the examination process and results yourself.
- Who pays for the drug test?
 - The employer pays for the drug test expenses, except for retest of confirmed positive result.