

APPLICATION PROCEDURES

1. Town of Maggie Valley Applications are accepted for current vacancies only. Current vacancies are available from the Human Resources Office or our website maggievalleync.gov.
2. A separate Town of Maggie Valley application must be completed for each vacancy and photocopies are acceptable with original signature. Applications submitted 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. Applications must be received in the Human Resources Department no later than 5:00 PM on the established closing date.
5. You **must** complete all parts of the application. (Resumes are welcome as a supplement, but may not be submitted in place of the employment application.) Failure to respond to all parts of the application will 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.

We thank you for your interest in employment with Town of Maggie Valley. 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 has been filled.

Job Title Applying for:	Job Number:	Date:
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PERSONAL DATA

Last Four Digits of Social Security #:	First Name:	Middle Name:	Last Name:
Mailing Address:		City:	
State:	Zip Code:	County:	
Telephone: (home or other number you can be reached)		Email :	

EDUCATION

Schools	Circle Years Completed	School Name and Location	Dates Attended From:	To:	S/Q Hours	Degree Received	Major/Minor Coursework
High School	9 10 11 12 GED						
Vocational/ Technical School	1 2						
College University	1 2 3 4						
Graduate/ Professional	1 2 3 4						

Town of Maggie Valley
3987 Soco Road
Maggie Valley, NC 28751

PHONE: (828) 926.0866
FAX: (828) 926.3576

EMPLOYMENT HISTORY

In the space below, give your employment history beginning with your current and most recent employer. Include periods of unemployment, military, self-employment, summer and significant volunteer work. Indicate whether employment was full-time or part-time, and if part-time state the average number of hours worked per week.

May we contact your present employer? Yes No

A. Employer:	Address:	Phone:
Job Title:	Name of Supervisor:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary: \$ per	Ending Salary: \$ per
	Reason for leaving:	
Date Separated (mo/yr):	Job Duties: (be specific)	
Full Time # Years # Months		
Part Time # Years # Months		
If part time, # of hours per week:		

B. Employer:	Address:	Phone:
Job Title:	Name of Supervisor:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary: \$ per	Ending Salary: \$ per
	Reason for leaving:	
Date Separated (mo/yr):	Job Duties: (be specific)	
Full Time # Years # Months		
Part Time # Years # Months		
If part time, # of hours per week:		

C. Employer:	Address:	Phone:
Job Title:	Name of Supervisor:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary: \$ per	Ending Salary: \$ per
	Reason for leaving:	
Date Separated (mo/yr):	Job Duties: (be specific)	
Full Time # Years # Months		
Part Time # Years # Months		
If part time, # of hours per week:		

EMPLOYMENT HISTORY CONTINUED

D. Employer:	Address:	Phone:
Job Title:	Name of Supervisor:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary: \$ per	Ending Salary: \$ per
	Reason for leaving:	
Date Separated (mo/yr):	Job Duties: (be specific)	
Full Time # Years # Months		
Part Time # Years # Months		
If part time, # of hours per week:		

E. Employer:	Address:	Phone:
Job Title:	Name of Supervisor:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary: \$ per	Ending Salary: \$ per
	Reason for leaving:	
Date Separated (mo/yr):	Job Duties: (be specific)	
Full Time # Years # Months		
Part Time # Years # Months		
If part time, # of hours per week:		

State briefly why you are applying for this position:

SKILLS

List fields of work for which you are licensed, registered or certified, giving date(s) and source(s) of issuance.
If the position applied for calls for specific courses, please indicate those taken and credit hours received.
Please check all that apply and that you would be able to use immediately upon employment :
<input type="checkbox"/> Driver's license Number _____ State _____ <input type="checkbox"/> Adding machine/calculator
List states you have been licensed to drive in the past 7 years _____ <input type="checkbox"/> Typing (_____/wpm)
<input type="checkbox"/> Computer <input type="checkbox"/> Shorthand/Speedwriting (_____/wpm)
<input type="checkbox"/> Software (please list): _____ <input type="checkbox"/> Other (please list) _____

GENERAL INFORMATION

When will you be available for employment? _____

Are you a United States Citizen or legal alien authorized to work in the United States? Yes No

If you are subject to Selective Service Registration Requirement, are you in compliance? Yes No

Are you seeking: Full Time Part-time Temporary

Do you now work for Town of Maggie Valley? Yes No

Are you a former Town of Maggie Valley Employee? Yes No

If yes, please indicate Department: _____ Date terminated: _____

Reason for termination: _____

Are you related by blood or marriage to any person now employed by Town of Maggie Valley? Yes No

If yes, indicate Name: _____ Department: _____

Have you ever been convicted of an offense against the law or forfeited or been denied a fidelity bond?

Yes No

If yes, please explain: _____

(additional information may be submitted on a supplemental sheet)

Note: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense, nature of the crime and type of job for which you are applying will be considered.

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.

Names	Address	Phone

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 to Release information: I hereby authorize my previous employers, personal references listed, and other persons or institutions shown on my application to provide Town of Maggie Valley any information requested. I further authorize Town of Maggie Valley to conduct a Police and Records investigation of my background as well as a credit check if necessary. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed.

Applicant's Signature: _____ Date: _____

(unsigned applications will not be processed)

An Equal Opportunity Employer