



CITY OF CHARLOTTE
 (An Equal Opportunity Employer)
APPLICATION FOR EMPLOYMENT

Last

PERSONAL INFORMATION

Name _____ Soc Security # _____
 Last First Middle
 Present Address _____
 Permanent Address _____
 Phone No. _____ Are you 18 years or older? Yes No

First

SPECIAL QUESTIONS

Do not answer any of the questions in this framed area unless the employer has checked a box preceding a question, thereby indicating that the information is required for a bona fide occupational qualification, or dictated by National Security Laws, or is needed for other legally permissible reasons.

- Height _____ feet _____ inches Citizen of U.S. Yes _____ No _____
 Weight _____ lbs. Date of Birth * ____/____/____

** The Age discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.*

You have been given a written job description listing the essential job functions of the position(s) for which you have applied. Please review the job description(s) and answer the following question. Are you able to perform each of the essential job functions listed for each position for which you have applied? _____ If no, list the function (s) you are unable to perform and explain why you are unable to perform them _____

Middle

EMPLOYMENT DESIRED

Are you applying for Full-Time or Part-time work? _____
 Position _____ Date you can start _____ Salary desired _____
 Are you employed now? _____ If so, may we inquire of your present employer? _____
 Have you ever applied to this city before? _____ What department? _____ When? _____

EDUCATION	Name and location of school	No. of years attended	Did you graduate?	Subjects studied
High School				
College				
Trade, Business or Correspondence				

FORMER EMPLOYERS (List below last four employers, starting with the last one first)

Date (year to year)	Name and Address of Employer	Salary	Position	Reason for leaving
1.				
2.				
3.				
4.				

REFERENCES: Give the names of three persons, not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted	Phone Number
1.				
2.				
3.				

GENERAL

Subjects of special study or research work

U.S. Military or Naval Service _____ Rank _____ Present membership in Nat. Guard or Reserves? _____

In case of emergency notify: _____

I certify that the facts contained in his application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Date _____ Signature _____

FOR DEPARTMENT OF PUBLIC WORKS APPLICANTS AND POLICE DEPARTMENT APPLICANTS:

Do you have a valid Driver's License? Yes _____ No _____

Driver's License Number _____