



CITY OF CONCORD APPLICATION PROCEDURES

Please accurately complete an application for the position(s) for which you are applying. Be sure to indicate the **Position Name** and **Position Number** in the space provided on the first page of the application. Applications can be submitted in several ways, 1) complete an application in our office at 66 Union Street South, Concord, NC or at the Employment Security Commission, 2275 Kannapolis Highway in Concord, NC; 2) via fax 704.920.6947; 3) via email at hrcoc@concordnc.gov; or 4) via mail to P.O. Box 308, 66 Union Street South, Concord, NC 28026-0308. Applications can also be downloaded from our website at www.concordnc.gov.

Applications must be **FULLY** completed preferably using **BLACK INK** if not typed. Resumes may be submitted **along** with your application but not in place of an application for employment.

After your application for employment is received in Human Resources, it will be processed in consideration for the position denoted on the application. Applications will be scanned and forwarded to the appropriate department for their review. If you are selected for an interview by the department, you will be contacted directly by the Hiring Manager.

Applications **must** be received by close of business or postmarked on or before the closing date of each position for which you are applying. Additionally, please note that applications will **NOT** be accepted for positions that are not currently open / available.

Applicants will be notified when the position is filled. Thank you for your interest in currently available employment opportunities with the City of Concord.

If anyone requires this application in an alternate format, please contact the ADA Coordinator at 704.920.5100.

Please call our **JOBS** Line to access current job opportunities 24 hours a day at **704.920.JOBS (5627)**. The listing is updated on a weekly basis.

Applications are accepted in our office, Monday through Friday, **8:00 a.m. – 5:00 p.m.**

You may also visit our website for a current listing of job opportunities with the City of Concord at www.concordnc.gov.

The City of Concord is an Equal Opportunity Employer



**City of Concord
Employment Application**

An Equal Opportunity Employer

PLEASE RETURN TO:

Human Resources Dept., City of Concord
P.O. Box 308, 66 Union Street South, Concord, NC 28026
or
c/o Employment Security Commission
2275 Kannapolis Highway, Concord, NC 28027

OUR MISSION
*The City of Concord's
Mission is to partner
with our community to
deliver services, preserve,
protect and enhance the
quality of life and plan
for the future.*

Date _____ 20____ Position Title(s) & Number(s) _____

PERSONAL INFORMATION

Name _____
Last First Middle

Present Address _____
Number Street City State Zip Code County

Home Phone _____ Cell Phone _____ Best time to contact you _____
Area Code Number Area Code Number

Email Address _____ Are you at least 18 years of age? Yes ___ No ___

Are you legally authorized to work within the United States? Yes ___ No ___ If yes, can you provide proof of eligibility to work here? Yes ___ No ___
Proof of citizenship or immigration status will be required upon employment

Have you previously been employed by the City of Concord? Yes ___ No ___ If yes, please provide dates, which department & reason for separation
Dates of employment _____ Department _____ Reason for separation _____

Are you currently employed? Yes ___ No ___ If yes, may we contact your present employer? Yes ___ No ___

Desired Salary Range _____ Date available for work _____ Available for travel if required? Yes ___ No ___

Are you fluent with other languages besides English? Yes ___ No ___ If yes, please list: _____

Have you EVER been convicted of a felony? Yes ___ No ___. If yes, please state date, place and nature of the conviction in the space provided below.

Any conviction will not automatically prohibit the possibility of employment. All relevant facts of a conviction will be considered as it relates to the position(s) for which an applicant is applying.

EDUCATION RECORD

School	Name & Address of School	Did you Graduate? Yes or No	Degree and Major or Number of Years Completed
High School			
Technical, Business or Trade School			
College (s)			
Graduate			

Have you passed the General Education Development (GED) Test in lieu of High School Graduation? Yes ___ No ___

ADDITIONAL TRAINING AND INFORMATION

Do you have any vocational or business training? Yes ___ No ___ If yes, please indicate/describe in the spaces provided below.

Do you have any occupational licenses or certificates? Yes ___ No ___ If yes, please indicate/list in the spaces provided below.

Please describe any job-related training received in the United States military, if applicable:

Please describe any Apprenticeship Training (Plumbing, carpentry, etc.)

What is your trade? _____ Did you serve a regular apprenticeship? _____ How many years? _____

Where? _____

Name

Address

Supervisor's Name

Use this space for any additional information or comments relative to your application. Indicate any other related work history including computer use and software programs etc. Attach additional sheets if more space is needed.

1. In the space provided, please place an 'X' beside the skills you possess:

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> Typing (wpm_____) | <input type="checkbox"/> Fax | <input type="checkbox"/> Computer (List software proficiency e.g. Word, Excel) |
| <input type="checkbox"/> Calculator (Touch___ Sight___) | <input type="checkbox"/> Scanner | _____ |
| <input type="checkbox"/> Data Entry (wpm_____) | <input type="checkbox"/> Copier | _____ |
| | | _____ |
| | | _____ |

2. Place an 'X' beside each type of equipment you have operated:

- | | | |
|--|---|--|
| <input type="checkbox"/> Motor Grader | <input type="checkbox"/> Scissor Lift | <input type="checkbox"/> Leaf Machine |
| <input type="checkbox"/> Farm Type Tractor | <input type="checkbox"/> Trencher | <input type="checkbox"/> Auger |
| <input type="checkbox"/> Dump Truck | <input type="checkbox"/> Brush Bandit | <input type="checkbox"/> Forklift |
| <input type="checkbox"/> Front End Loader | <input type="checkbox"/> Asphalt Roller | <input type="checkbox"/> Welder |
| <input type="checkbox"/> Compactor | <input type="checkbox"/> Excavator | <input type="checkbox"/> Skip Loader |
| <input type="checkbox"/> Chipper | <input type="checkbox"/> Tractor Mower | <input type="checkbox"/> Tractor with Boomer |
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Flat Bed Truck | <input type="checkbox"/> Tubgrinder |
| <input type="checkbox"/> Crane | <input type="checkbox"/> Backhoe | |

3. Place an 'X' beside the experience you have:

- | | | |
|--|---|---|
| <input type="checkbox"/> Custodial | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Tree Work |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> HVAC | <input type="checkbox"/> Groundskeeping |
| <input type="checkbox"/> Maintenance Repair | <input type="checkbox"/> Supervisory | <input type="checkbox"/> Water Treatment |
| <input type="checkbox"/> Refuse Collection | <input type="checkbox"/> Electrical | <input type="checkbox"/> Geographic Information Systems (GIS) |
| <input type="checkbox"/> Equipment Operation | <input type="checkbox"/> Electric Systems | <input type="checkbox"/> Administrative/Clerical |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Automotive Parts | |

4. Place an 'X' besides the License and/or Certifications you currently possess:

- | | | |
|---|---|--|
| <input type="checkbox"/> Certified Planner | <input type="checkbox"/> Professional Engineer (P.E.) | <input type="checkbox"/> Commercial Driver's License (CDL) Classification: |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Electrician | _____ |
| <input type="checkbox"/> HVAC | | Endorsements: _____ |

List professional and vocational qualifications (i.e., publications, public speaking, volunteer experience, membership in professional organizations, civic activities and offices held). **(You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status).**

FOR MALES AGES 18 THROUGH 25 ONLY

Please indicate if you have registered for Selective Service by checking Yes or No in the space provided. Yes ____ No ____

Please note that males who are ages 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Service Act. State law prohibits local governments from employing anyone who has not complied with this requirement.

EMPLOYMENT OF RELATIVES

Please indicate if you have any relatives working for the City of Concord. Yes ____ No ____

If so, please list their name(s) and position(s): _____

Members of an immediate family shall not be employed at the same time if such employment would result in an employee directly or indirectly supervising a member of the immediate family. Immediate family is defined for the purpose of this section as spouse, parent, guardian, child, sister, brother, grandparent, grandchild plus the various combinations of half, step, in-law and adopted relationships that can be derived from those named. Also included is aunt, uncle, niece, nephew, first cousin, including such relationships formed by marriage.

PHYSICAL EXAM AND CONTROLLED SUBSTANCE TESTING

A routine pre-employment physical exam, administered through the Wellness Center or other City designated healthcare provider, may be required following an offer of employment. Any medical problems identified during the exam that are directly related to the ability to perform assigned duties may result in the withdrawal of the job offer or termination if already employed.

A pre-employment drug screening test may be required prior to finalization of the selection process for employment. A negative drug test result is required for employment. (Scheduling information will be provided at the appropriate time.)

Please read the following statement and mark yes or no in the space provided.

Have you tested positive or refused to test, on any pre-employment drug or alcohol test for safety-sensitive transportation work covered by Department of Transportation agency drug and alcohol testing rules during the past two years? Yes ____ No ____

EMPLOYMENT HISTORY

Please list your work experience starting with your present or most recent job. Please include any service in the Armed Forces and/or self-employment. Attach additional sheets if necessary.

EMPLOYER	DUTIES
Job Title	
From To	
Address	
City State Zip Code	
Telephone () <small>Area Code Number</small>	
Supervisor	
Number of people you supervised	Salary \$ Starting Ending
Reason for leaving	

EMPLOYER	DUTIES
Job Title	
From To	
Address	
City State Zip Code	
Telephone () <small>Area Code Number</small>	
Supervisor	
Number of people you supervised	Salary \$ Starting Ending
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EMPLOYER	DUTIES
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From To	
Address	
City State Zip Code	
Telephone () <small>Area Code Number</small>	
Supervisor	
Number of people you supervised	Salary \$ Starting Ending
Reason for leaving	

REFERENCES

Please list below three persons, not employers or relatives, who have knowledge of your character and ability.

Name	Address	Phone Number	Occupation	Number of Years Known

APPLICATION CERTIFICATION

I hereby affirm that the information provided on this application and resume, if attached, is true and complete to the best of my knowledge. I also agree that falsified information, misleading or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

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 it may be terminated at any time, for any reason or for no reason at all, at the will of either the City or the employee.

I hereby understand and agree that any employee handbook or other written material provided to me upon initial employment or at any time thereafter will not constitute an employment contract, but will be merely a gratuitous statement of the present policies of the City and that such policies of the City may be amended or discontinued at any time.

I understand this application for employment shall be considered active for a period of time not to exceed **45** days.

Applicant's Signature

Date

This application form MUST be signed in order to be considered.



EEO Information

The employment practices of the City of Concord are guided by federal, state and local rules and regulations. Although voluntary, all applicants are requested to complete this form. Collected data will be solely used for statistical reporting purposes and to measure the effectiveness of our recruitment efforts and selection processes. This information is kept confidential and not available for review by hiring authorities as it is removed prior to processing. **INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

The City of Concord is an equal opportunity employer. In accordance with applicable laws and regulations, the City does NOT discriminate on the basis of race, color, national origin, gender, age, religion, political affiliation, sexual orientation, or disability.

Name: _____ Date of Birth: _____

Position Sought: _____ Sex: Male _____ Female _____

Ethnic Group/Background

- _____ Black or African American
- _____ White
- _____ Asian
- _____ Hispanic or Latino
- _____ American Indian or Alaskan Native
- _____ Pacific Islander or Native Hawaiian
- _____ Other
- _____ Two or More Races

How did you learn about this vacancy?

- _____ Job opportunities List
- _____ Employment Security Commission
- _____ Friend / City Employee
- _____ Walk-In
- _____ Internet (identify website _____)
- _____ Relative
- _____ Other (_____)

Are you a veteran of the United States Armed Forces? Yes _____ No _____