

LICENSES

Driver's License – (✓) those that apply. For positions which require specific licenses, copies of licenses will be required at the time of interview.

Driver's License: Class C State: _____ No.: _____ Exp. Date: _____

Commercial: Class A Class B State: _____ No.: _____ Exp. Date: _____

List other current licenses, certifications, or registration(s) required for the position for which you are applying. Indicate types and dates received.

License, Certification, Registration	Type	State	Number	Date Received

SPECIAL SKILLS/LANGUAGES

List any special skills you possess and/or equipment or office machine you can operate.

Languages (other than English) _____ Speak Read Write

American Sign Language Yes No

OTHER INFORMATION

If you are a City of Durham employee, what is your employment status: Full-time Part-time Temporary

If you are not a current City of Durham employee, have you previously worked for the City? Yes No

If you answered yes: Date: _____ Department: _____

Are you related to any member of City Council or any person now employed by the City of Durham? Yes No

If yes, complete the next line

Name: _____ Department: _____ Relationship: _____

EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail all work experiences beginning with your present or most recent job and work back at least ten (10) years. Include periods of unemployment, self-employment, military service, internships, and volunteer and summer work. Please explain all periods of unemployment exceeding 90 days. Use additional "Continuation Sheets" if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application.

WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary

Current or Last Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	No. Supervised by You:
Start Date (MM/YYYY):	Starting Salary: \$ per	Ending or Current Salary: \$ per	May We Contact Your Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
End Date (MM/YYYY):	List Major Duties/Responsibilities:		
Full-Time Years Months			
Part-Time Years Months			
If part-time, number of hours worked per week:			
Reason for Leaving:			
Current or Last Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	No. Supervised by You:
Start Date (MM/YYYY):	Starting Salary: \$ per	Ending or Current Salary: \$ per	May We Contact Your Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
End Date (MM/YYYY):	List Major Duties/Responsibilities:		
Full-Time Years Months			
Part-Time Years Months			
If part-time, number of hours worked per week:			
Reason for Leaving:			
Current or Last Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	No. Supervised by You:
Start Date (MM/YYYY):	Starting Salary: \$ per	Ending or Current Salary: \$ per	May We Contact Your Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
End Date (MM/YYYY):	List Major Duties/Responsibilities:		
Full-Time Years Months			
Part-Time Years Months			
If part-time, number of hours worked per week:			
Reason for Leaving:			

EMPLOYMENT HISTORY (continuation sheet)

WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary

Current or Last Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	No. Supervised by You:
Start Date (MM/YYYY):	Starting Salary: \$ per	Ending or Current Salary: \$ per	May We Contact Your Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
End Date (MM/YYYY):	List Major Duties/Responsibilities:		
Full-Time Years Months			
Part-Time Years Months			
If part-time, number of hours worked per week:			
Reason for Leaving:			
Current or Last Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	No. Supervised by You:
Start Date (MM/YYYY):	Starting Salary: \$ per	Ending or Current Salary: \$ per	May We Contact Your Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
End Date (MM/YYYY):	List Major Duties/Responsibilities:		
Full-Time Years Months			
Part-Time Years Months			
If part-time, number of hours worked per week:			
Reason for Leaving:			
Current or Last Employer:		Address:	
Job Title:	Supervisor's Name:	Telephone Number:	No. Supervised by You:
Start Date (MM/YYYY):	Starting Salary: \$ per	Ending or Current Salary: \$ per	May We Contact Your Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
End Date (MM/YYYY):	List Major Duties/Responsibilities:		
Full-Time Years Months			
Part-Time Years Months			
If part-time, number of hours worked per week:			
Reason for Leaving:			

CITY OF DURHAM, NORTH CAROLINA

APPLICANT INFORMATION

EEO Data

The City of Durham prohibits discrimination on the basis of sex, race, color, religion, national origin, age or disability. The following information is requested for record keeping purposes. The information will not be used for making employment decisions and will be separated from your application. The purpose of this information is to measure the success of our recruitment efforts in reaching all segments of the population, and to comply with the Rehabilitation Act of 1973.

PERSONAL DATA

Name: _____ Position Applied For: _____
Last First Middle Initial

SEX

Male Female

RACIAL/ETHNIC IDENTITY

Asian/Islander Black/African American Hispanic/Latino Native American
 White/Caucasian Multi-Racial Other _____ (Please Specify)

HOW DID YOU LEARN OF THIS OPPORTUNITY?

City Application City Employee Referral Newspaper Ad
 City Job Line Job Fair Walk-In
 Job Announcement Personal Referral City of Durham Website
 Employment Security Commission Other _____ (Please Specify)

IF YOU ARE A DISABLED VETERAN, WHAT IS YOUR STATUS?

Disabled Veteran – entitled to disability compensation of 30% or more; discharged from military service due to service related disability.
 Vietnam era Veteran – person who served at least 180 days of which a part was during Vietnam era; person who was discharged or released due to a service connected disability if any part of the service was performed during the Vietnam era.
 Disabled Vietnam era Veteran

WHAT IS YOUR CITIZENSHIP STATUS?

U.S. Citizen Resident Foreign National Non-resident Foreign National

Please supply any additional information here.

PLEASE READ THE FOLLOWING STATEMENT BEFORE SIGNING THIS APPLICATION

The City of Durham is an “At Will Employer.” I certify that all the statements I have made on this application, and on other supplemental materials submitted with this application, are true and correct. I hereby authorize the City of Durham to investigate the accuracy of this information from any person or organization, and I release the City of Durham and all persons and organizations from all claims and liabilities arising from such investigations or the supplying of information for such investigations. I acknowledge that any false statement or misrepresentation on this application, or on supplemental material submitted with this application, will be cause for refusal to hire or for immediate dismissal at any time during the period of employment. I understand that if I am a finalist for this position, I will be required to submit proof of U.S. Citizenship or the legal right to work in the United States. I also understand that if I am offered employment, I will be required to pass a pre-employment drug test and pre-employment physical examination.

Applicant’s Signature

Date

YOU WILL RECEIVE NO FURTHER CORRESPONDENCE IF YOUR APPLICATION IS NOT REFERRED. FOR A COMPLETE LISTING OF VACANT POSITIONS, PLEASE VISIT WWW.DURHAMNC.GOV OR 101 CITY HALL PLAZA (1ST FLOOR).

INTERNAL USE ONLY (do not write in this space)

Eligible: _____ Ineligible: _____

Reason(s):

Typing Test Score _____ CWPM Tested By: _____ ESC _____ City of Durham

Math Test Score _____ Test Administrator _____