



Employment Application

WE CONSIDER APPLICANTS FOR VACANT POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, DISABILITY OR ANY OTHER LEGALLY PROTECTED STATUS. IT IS THE RESPONSIBILITY OF EACH APPLICANT TO NOTIFY US IF ANY REASONABLE ACCOMODATIONS ARE NECESSARY TO ALLOW COMPLETION OF THE APPLICATION PROCESS.

(Please Print)

Position Applied For: _____

Date: _____

Last Name

First Name

Middle Initial

Address

Street

City

State

Zip Code

Telephone Number: () -

Driver's License:

SS #

- -

Are you at least 18 years of age?
(If not you must provide required proof of your eligibility to work.)

(Please circle one)

Yes **No**

Have you ever filed an application with us before?
If yes, give date: _____

Yes **No**

Have you ever been employed with us before?
If yes, give date: _____

Yes **No**

Are you currently employed?

Yes **No**

May we contact your present employer about your qualifications
and work history?

Yes **No**

Do you have any relative employed by this municipality?
If so give relative's name, department and relationship to you.

Yes **No**

Have you been convicted of an offense other than a minor traffic violation? **Yes** **No**
If yes, please explain:

Have you ever used a name other than the one shown on this application? **Yes** **No**
If yes, please indicate name(s): _____

When would you be available to start work? _____

EDUCATION

Circle highest level completed: Grade School: 1 2 3 4 5 6 7 8 9 10 11 12
College: 1 2 3 4 5 6

NAME /LOCATION	DATES ATTENDED	GRADUATE?	MAJOR/DEGREE
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Elementary
School

High School

College

Graduate

Business, Trade
or Military

List any apprenticeships or vocational training:

List any professional registrations, licenses, or certifications:

List any other training, classes or workshops you have attended that are related to the position applied for:

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

Summarize special job-related skills and qualifications acquired from employment or other experience;

Have you ever had any job-related training in the United States Military? **Yes** **No**
If yes, please describe:

REFERENCES

Give name, address and telephone number of three (3) references who are not related to you and are not

former employers.

1. Name:
Address:
Telephone Number:
2. Name:
Address:
Telephone Number:
3. Name:
Address:
Telephone Number:

EMPLOYMENT EXPERIENCE

List below your entire work experience record. Start with your present or last position and work back in time. Include any military service assignments and any self-employment. Please account for periods of unemployment. Separate sheets with additional information may be attached. Resumes may also be attached.

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1. Employer: _____ Dates employed (give month and year)
Address: _____ From: _____ To: _____

Telephone: _____

Duties Performed: _____

Starting Salary: \$ _____ per _____ Final Salary: \$ _____ per _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

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2. Employer: _____ Dates employed (give month and year)
Address: _____ From: _____ To: _____

Telephone: _____

Duties Performed: _____

Starting Salary: \$ _____ per _____ Final Salary: \$ _____ per _____

Job Title: _____ Supervisor: _____

Reason for Leaving: _____

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3. Employer: _____ Dates employed (give month and year)
Address: _____ From: _____ To: _____

Telephone: _____

Duties Performed:

Starting Salary: \$ per Final Salary: \$ per

Job Title: Supervisor:

Reason for Leaving:

4. Employer: Dates employed (give month and year)
Address: From: To:

Telephone:

Duties Performed:

Starting Salary: \$ per Final Salary: \$ per

Job Title: Supervisor:

Reason for Leaving:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and release of pertinent information to the Town of Spruce Pine as may be necessary in arriving at an employment decision. In the event of my 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 Town of Spruce Pine.

Signature of Applicant: _____ Date:

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview?

Remarks: _____

Date of Employment:

Job Title:

Authorized by:

Title:

Salary:

Department:

Date: