

# APPLICATION FOR EMPLOYMENT

## Town of Whitakers

PO Box 727, 302 N.W. Railroad Street  
Whitakers, NC 27891  
Telephone (252) 437-4011 / Facsimile (252) 437-1720

### AN EQUAL OPPORTUNITY EMPLOYER

Please complete the application form thoroughly and accurately. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

#### PERSONAL

1. Position applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

2. Name \_\_\_\_\_  
(Last First Middle)

3. Mailing Address \_\_\_\_\_  
Street & No. or RFD City County State Zip Code

4. Do you reside in the Town of Whitakers \_\_\_\_ YES \_\_\_\_ NO

5. Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_  
If none, where can you be reached by phone? \_\_\_\_\_  
Resident's Name \_\_\_\_\_

6. Are you: \_\_\_\_ Under 18 \_\_\_\_ Over 18

7. Do you want to work Full-Time or Part-Time? Specify days and hours if part-time \_\_\_\_\_  
Are you willing and able to work rotating shifts? \_\_\_\_\_

8. How did you learn of this opening? \_\_\_\_\_

9. Have you worked for the Town before? \_\_\_\_\_ If yes, when and what position did you hold? \_\_\_\_\_

10. List any friends or relatives working for the Town \_\_\_\_\_

11. If hired, on what date will you be ready to start work? \_\_\_\_\_

12. Have you ever been convicted of a crime, including misdemeanors and summary offenses? \_\_\_\_ No \_\_\_\_ Yes  
Please list offense(s) and date(s) of conviction(s) \_\_\_\_\_

Note: You may omit any other offense committed before your 16th birthday which was finally heard in a juvenile court or under a youth offender law.

13. Do you have a valid driver's license? \_\_\_\_\_ Driver's License Number & Type/State \_\_\_\_\_

List all traffic convictions, location & date of all traffic convictions \_\_\_\_\_

14. Clerical Skills: Typing \_\_\_\_\_ Shorthand \_\_\_\_\_ Other \_\_\_\_\_

15. Are there any other experiences, skills, or qualifications which you feel would be important to include?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY HISTORY**

Have you ever served in the armed forces?  YES  NO If yes, what branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_ Any current reserves or military obligation? \_\_\_\_\_

**FOR MALES AGE 18 THROUGH 25 ONLY**

Males who are 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Service Act. State law prohibits local government from employing anyone who has not complied with this requirement.

Please indicate if you have registered for Selective Service:  YES  NO

**EDUCATIONAL BACKGROUND**

TYPE OF SCHOOL	NAME OF SCHOOL	HOW MANY YEARS ATTENDED?	DATE GRADUATED	COURSE OR MAJOR
Grammar or Grade				
High School				
College				
Post Graduate				
Business or Trade				
Technical				
Other				

If you did not graduate from High School, did you obtain your GED equivalency?  Yes  No

**WORK HISTORY**

List the jobs that you have held, beginning with your last or present employer. Include part-time jobs, military service, and/or periods of unemployment in the proper sequence. Failure to give complete information may result in rejection of your application. If more space is needed, use a continuation sheet.

A.

Dates		Name & Address of Employer	Start		Supervisor's Name/Phone #	Reason for Leaving
From	To			Finish		

B.

Dates		Name & Address of Employer	Start		Supervisor's Name/Phone #	Reason for Leaving
From	To			Finish		

C.

Dates		Name & Address of Employer	Start	Finish	Supervisor's Name/Phone #	Reason for Leaving
From	To					

D.

Dates		Name & Address of Employer	Start	Finish	Supervisor's Name/Phone #	Reason for Leaving
From	To					

May we contact the employers listed above? \_\_\_\_\_ If not, indicate below which ones you do not wish us to contact.

**PERSONAL REFERENCES**

List three (3) persons who are not related to you who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors in WORK HISTORY.

Name & Occupation	Address	Phone Number

**DECLARATION OF APPLICANT:**

I hereby certify that there are no willful misrepresentations, omission, or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission, or falsification, my application may be rejected or if already employed, my employment may be terminated.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**NOTICE TO APPLICANTS**

It is the policy of the Town of Whitakers not to discriminate on the basis of race, sex, national origin, disability, age, creed, color or religion in any employment decision.

It is the policy of the Town of Whitakers to ensure that its employees are free from the effects of alcohol and drugs. All applicants selected for employment must satisfactorily pass a drug screening. Those applicants with a confirmed positive test for drugs/alcohol will not be hired.