



TOWN OF WALLBURG EMPLOYMENT APPLICATION

IMPORTANT: Please print in ink or type. Fill out all sections of the application completely and to the best of your ability. Your application will be used as part of the examination process and should represent your best effort. Unsigned and incomplete applications may not be considered. Once submitted, application materials become the property of the Town of Wallburg. The Town only accepts original signed applications for employment.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address:

Date Available: Social Security No.: Desired Salary: \$

Position Applied for:

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been employed by the Town of Wallburg?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Have you ever been charged or convicted of a crime (excluding basic traffic citations)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		
Will you accept employment requiring occasional night work or irregular hours?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Are you now, or were you previously related by blood or marriage to any Town Employee or elected official?	Yes <input type="checkbox"/> No <input type="checkbox"/>				

High School:	Address:				
From: To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
College:	Address:				
From: To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	
Other:	Address:				
From: To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	

References

Please list three professional references. Work only. No related parties, please.

Full Name: Relationship:
Company: Phone: ()
Address:

Full Name: Relationship:
Company: Phone: ()
Address:

Full Name: Relationship:

Company: Phone: ()

Address:

Previous Employment

Company: Phone: ()

Address: Supervisor:

Job Title: Starting Salary: \$ Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES NO

Company: Phone: ()

Address: Supervisor:

Job Title: Starting Salary: \$ Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES NO

Company: Phone: ()

Address: Supervisor:

Job Title: Starting Salary: \$ Ending Salary: \$

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: From: To:

Rank at Discharge: Type of Discharge:

If other than honorable, explain:

Skills, Knowledge and Abilities

Please list any skills, knowledge, or abilities you have that you feel are applicable to the position to which you are applying.

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

Are you a North Carolina Notary Public? Yes No If Yes, when does your commission expire?

Do you have a valid North Carolina Driver's License? Yes No If Yes, Drivers License #:

Do you have any employment-related Certifications? Yes No

If Yes, list certifications:

Other Information

Have you had disciplinary action take against you in the past 12 months? Yes No

If Yes, please explain:

Have you ever been dismissed or forced to resign from any job? Yes No

If Yes, please explain:

May we contact your present employer? Yes No

I authorize the Town of Wallburg to conduct a personal background investigation in connection with my application. Such investigation may include information obtained from educational institutions, law enforcement and/or court records, Department of Motor Vehicle records, listed personal references and/or other references, previous employers and other appropriate sources.

I authorize the release of any information the Town of Wallburg may request from the above sources. I further waive all rights to inspection or review of any information compiled. I fully understand all information gathered from such investigation is confidential.

I agree to provide any further information which may be requested and hereby certify that there are no willful or negligent misrepresentations, omissions, or falsifications in my answers contained in this application or in any of the documents furnished in conjunction herewith. I am aware that, should any investigation disclose any willful misrepresentations, omissions, or falsifications that my application may be rejected. Additionally, I am aware that willful misrepresentations, omissions, or falsifications in my answers contained in this application or in any of the documents furnished in conjunction herewith are grounds for termination should I be employed by the Town of Wallburg.

I hereby release the Town of Wallburg, its agents and representatives and any person(s) so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such document, records, and other information for the investigation made by the Town of Wallburg.

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____