

Town of Burgaw
Employment Application

An Equal Opportunity/Affirmative Action Employer

109 North Walker Street
Burgaw, NC 28425

Phone: (910) 259-2151

Fax: (910) 259-6644

INSTRUCTIONS: It is important that you fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort.

Current Information (Please Type or Print Clearly in Ink)

Position Applied for _____ Date _____

When will you be available for employment? _____

Are you seeking: Full-time work Part-time work Temporary work

NAME _____
Last First (Middle, if married, use maiden)

ADDRESS _____
Street & No., RFD, or P.O. Box City State Zip

TELEPHONE _____
Home Business -If neither, where can you be reached? _____

General Information (Attach additional sheet if needed)

a. Have you ever been employed with the Town of Burgaw? Yes No
If yes, what department & when? _____

b. Are you related by blood or marriage to any Town employee? Yes No
If yes, give name, relationship and department _____

c. Have you ever been convicted of any felony under the name you used on this application or under any other name? (Omit traffic violations with fines of \$100 or less) Yes No
If yes, please explain when, where, and disposition of case. NOTE: The existence of a criminal record does not automatically eliminate you from employment consideration.

d. Have you ever been charged with any type of criminal offense? Yes No
If yes, please explain. NOTE: The existence of a criminal record does not automatically eliminate you from employment consideration.

e. Please list your driver's license number & type, expiration date, and the state where it was issued.

Education

Circle highest level completed.

1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

School	Location	Attended		Grad?	Semester Quarter Hrs.	Degree or Diploma	Major Subjects
		from	to				
High School or GED							
College or University							
Graduate or Professional School							
Vocational/Technical School or Other							

Skills, Certifications

Please list any skills, abilities, special certifications, licenses, special training, or courses you have had that you feel are applicable to the position for which you applied. Include skills with equipment or machines you operate. List computer skills separately as indicated below.

(a) _____

(f) _____

(b) _____

(g) _____

(c) _____

(h) _____

(d) _____

(i) _____

(e) _____

(j) _____

Please list computer knowledge and specific software skills:

Are you a citizen of the United States? Yes No

If not a citizen, are you prevented from lawfully becoming employed because of visa or immigration status? Yes No

Employment History
 Record your complete work history in the spaces below. Begin with your current or most recent employer first. Use continuation sheets as necessary to account for your full record. Be sure to account for gaps in your employment history. Related volunteer experience should also be listed.

May we contact your present employer? _____ Yes _____ No

Employer: (Present or most recent)		Address:		Phone #:
Job Title:		Name and title of supervisor:		No. supervised by you:
Date Employed:		Starting Salary \$ _____ per		Ending Salary: \$ _____ per
Date Separated:		Duties:		
Full time for: Years Months _____				
Part time for: Years Months _____				
If part-time, number of hrs. Worked per week: _____				
Reason for leaving:				

Employer:		Address:		Phone #:
Job Title:		Name and title of supervisor:		No. supervised by you:
Date Employed:		Starting Salary \$ _____ per		Ending Salary: \$ _____ per
Date Separated:		Duties:		
Full time for: Years Months _____				
Part time for: Years Months _____				
If part-time, number of hrs. Worked per week: _____				
Reason for leaving:				

Employment (continued)

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary \$ _____ per	Ending Salary: \$ _____ per
Date Separated:	Duties:	
Full time for: Years Months _____		
Part time for: Years Months _____		
If part-time, number of hrs. Worked per week: _____	Reason for leaving:	

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary \$ _____ per	Ending Salary: \$ _____ per
Date Separated:	Duties:	
Full time for: Years Months _____		
Part time for: Years Months _____		
If part-time, number of hrs. Worked per week: _____	Reason for leaving:	

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? _____

Are you a veteran? Yes No

Are you a widow of a veteran, or wife of a disabled veteran? Yes No

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 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

References

Please do not list family relatives. We recommend listing persons such as coworkers, teachers, etc., who have knowledge of your qualifications for the position for which you are applying. Do not repeat names of supervisors listed with your employment record unless they can no longer be contacted at those addresses. Include complete addresses. If we may contact by telephone, please list the appropriate number.

(a) Name _____ Address _____ Telephone # _____

(b) Name _____ Address _____ Telephone # _____

(c) Name _____ Address _____ Telephone # _____

Please read and sign the statement below. We will not check a reference with your current employer unless you have given us permission.

I certify that, to the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly misrepresented or falsified any of the application information I may be disqualified for employment consideration or dismissed from employment with the Town.

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

I authorize my current and former employers to give any information regarding my employment, together with any information regarding me whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same. I also permit the Town of Burgaw to conduct a Police and Court Records investigation of my background.

I also authorize schools and other educational institutions that I may have attended to reveal my scholastic ratings to the Town of Burgaw representatives who are investigating my educational background.

Signature _____ **Date** _____

(Use continuation sheets as necessary to account for your full record.)

**CONTINUATION SHEET
EMPLOYMENT HISTORY**

NAME: _____

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary \$ _____ per	Ending Salary: \$ _____ per
Date Separated:	Duties:	
Full time for: Years Months _____		
Part time for: Years Months _____		
If part-time, number of hrs. Worked per week: _____	Reason for leaving:	

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary \$ _____ per	Ending Salary: \$ _____ per
Date Separated:	Duties:	
Full time for: Years Months _____		
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If part-time, number of hrs. Worked per week: _____	Reason for leaving:	