



Town of Winterville Employment Application

PO Box 1459
Winterville, NC 28590
humanresources@wintervillenc.com

www.wintervillenc.com

PERSONAL INFORMATION

Date _____

Name _____
LAST FIRST MIDDLE

Present Address _____
NO STREET CITY STATE ZIP

How long at present address? _____ Home Phone No _____ Office Phone No _____

Former Address _____
NO STREET CITY STATE ZIP

Do you have a valid driver's license? Yes No Driver's License No _____ Class _____ State _____

Is this a Commercial Driver's License (CDL)? Yes No

Since turning 18 years of age, have you been convicted of a misdemeanor or felony, other than minor traffic violations?
Yes No

**** (NOTE: Each conviction will be judged in relation to time, seriousness and circumstances and may not bar you from employment.) ****

If yes, please list the conviction(s) and date(s) _____

Are you legally authorized to work in the U.S.? Yes No

EMPLOYMENT DESIRED

Would you work full-time part-time Specify days and hours if part-time _____

Would you accept a position involving shift work? Yes No OR stand-by? Yes No

Job(s) applied for 1. _____ Rate of pay expected \$ _____

2. _____ Rate of pay expected \$ _____

How did you learn of this opening? _____

Are you employed now? Yes No If yes, may we contact your employer regarding your record of employment?
Yes No

Have you worked for us before? Yes No If yes, when? _____

Have you ever been dismissed or forced to resign from any job held? Yes No If yes, please explain (a YES will not automatically disqualify you) _____

List any relatives working for us and their relationship to you _____
(Names)

REFERENCES: List four persons who are not related to you and who have definite knowledge of your qualifications and fitness for the positions for which you are applying. Do not list names of supervisors you will list under employment record.

	NAME	ADDRESS	TELEPHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

MILITARY INFORMATION

If you are a male between the ages of 18 and 26, have you registered with Selective Services? Yes No

Veteran Yes No Branch of Service _____

Date of Induction _____ Date of Discharge _____ Rank at Discharge _____

Duties while in service

EDUCATION: Give your complete history below

Last High School Attended _____ Circle highest school year completed
 2 3 4 5 6 7 8 9 10 11 12

Name and Address _____

Did you either graduate from high school or pass the High School Equivalency Test? Yes No

Education Beyond High School	Name and Address	Circle Years Completed	Credit Hours & Major	Did You Graduate	Degree or Diploma & Year Received
College or University		1 2 3 4			
Graduate or Professional		1 2 3 4			
Other Education Training, etc.		1 2 3 4			

Do you have keyboarding experience? Yes No

EMPLOYMENT RECORD: List below all employment, *beginning* with your most recent. Include military service in proper time sequence and temporary or part-time jobs. ("See attached resume" is **NOT** acceptable in the duties space)

Title of position _____ **Starting salary** _____ **Last salary** _____
 Name of Employer _____ Address _____
 Name and title of supervisor _____ Business telephone _____

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

DUTIES IN ORDER OF IMPORTANCE

Equipment/Machines operated _____

REASON FOR LEAVING _____

Title of position _____ **Starting salary** _____ **Last salary** _____
 Name of Employer _____ Address _____
 Name and title of supervisor _____ Business telephone _____

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

DUTIES IN ORDER OF IMPORTANCE

Equipment/Machines operated _____

REASON FOR LEAVING _____

Title of position _____ **Starting salary** _____ **Last salary** _____
 Name of Employer _____ Address _____
 Name and title of supervisor _____ Business telephone _____

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

DUTIES IN ORDER OF IMPORTANCE

Equipment/Machines operated _____

REASON FOR LEAVING _____

Title of position _____ **Starting salary** _____ **Last salary** _____
 Name of Employer _____ Address _____
 Name and title of supervisor _____ Business telephone _____

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

DUTIES IN ORDER OF IMPORTANCE

Equipment/Machines operated _____

REASON FOR LEAVING _____

Title of position _____ **Starting salary** _____ **Last salary** _____
 Name of Employer _____ Address _____
 Name and title of supervisor _____ Business telephone _____

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

DUTIES IN ORDER OF IMPORTANCE

Equipment/Machines operated _____

REASON FOR LEAVING _____

Title of position _____ **Starting salary** _____ **Last salary** _____
 Name of Employer _____ Address _____
 Name and title of supervisor _____ Business telephone _____

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

DUTIES IN ORDER OF IMPORTANCE

Equipment/Machines operated _____

REASON FOR LEAVING _____

Title of position _____ **Starting salary** _____ **Last salary** _____
 Name of Employer _____ Address _____
 Name and title of supervisor _____ Business telephone _____

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

DUTIES IN ORDER OF IMPORTANCE

Equipment/Machines operated _____

REASON FOR LEAVING _____

Title of position _____ **Starting salary** _____ **Last salary** _____
 Name of Employer _____ Address _____
 Name and title of supervisor _____ Business telephone _____

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

DUTIES IN ORDER OF IMPORTANCE

Equipment/Machines operated _____

REASON FOR LEAVING _____

KNOWLEDGE, SKILLS & ABILITIES: List any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying.

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |

REGISTRATIONS, LICENSES, CERTIFICATIONS: List fields of work for which you have been registered, licensed or certified.

Registration: _____ State: _____ No: _____ Exp. Date: _____

Registration: _____ State: _____ No: _____ Exp. Date: _____

Other:

CERTIFICATION AND RELEASE: (*Must be signed and dated below*)

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town of Winterville; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the Town receives from an employer or educational institution under a promise of confidentiality.
- I also permit the Town of Winterville to conduct a Police, Court, Credit and/or Motor Vehicle Records investigation of my background.
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by the Town of Winterville, then I serve "at will". This means that I may be terminated at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the Town Manager.

SIGNATURE _____ **DATE** _____

The Town of Winterville is an Equal Employment Opportunity (EEO)/Affirmative Action (AA) Employer.

Town of Winterville participates in E-Verify