



APPLICATION FOR EMPLOYMENT

To be considered for a position, you must complete all the questions listed. For some positions a resume may be attached, but the application **MUST** be completed in its entirety.

Date _____

Position applied for _____

Name _____
Last First Middle - if married, use maiden name

Mailing Address _____

Telephone: Home _____ Business _____ Cell _____

When will you be available for employment? _____

Are you a veteran? Yes ___ No ___

Date of entry into active service: _____

Date of separation from active service: _____

Type of separation: _____

Have you ever worked for the Town of Southern Pines? Yes ___ No ___

Have you ever been convicted of an offense against the law or forfeited bond? Yes ___ No ___

References: Please list the names and addresses of two personal references, **excluding** relatives and former employers. **DO NOT** repeat names of supervisors you will list in the **WORK HISTORY SECTION**.

1. _____

2. _____

EDUCATION

NAME	ADDRESS	CIRCLE LAST YEAR COMPLETED	MONTH & YR. GRADUATED	DEGREE
HIGH SCHOOL PREPARATORY		1 2 3 4		
BUSINESS SCHOOL		1 2 3 4		
COLLEGE		1 2 3 4		
GRADUATE WORK		1 2 3 4		
OTHER (DESCRIBE)		1 2 3 4		

If you did not graduate, why did you leave school or college? _____

Are you planning to pursue further studies? Yes ___ No ___ Day School ___ Night School ___

If so, when and what courses? _____

MACHINE OPERATION:

List any machines or equipment you can operate proficiently.

WORK HISTORY: IT IS MANDATORY THAT YOU COMPLETE THIS SECTION.

Start with your present or most recent job. List self-employment, summer, and part-time jobs.

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COMPANY	ADDRESS	TELEPHONE
DATE EMPLOYED <i>FROM</i> <i>TO</i>	SALARY <i>STARTING</i> <i>LEAVING</i>	SUPERVISOR
YOUR DUTIES		
REASON FOR LEAVING		

2

COMPANY	ADDRESS	TELEPHONE
DATE EMPLOYED <i>FROM</i> <i>TO</i>	SALARY <i>STARTING</i> <i>LEAVING</i>	SUPERVISOR
YOUR DUTIES		
REASON FOR LEAVING		

3

COMPANY	ADDRESS	TELEPHONE
DATE EMPLOYED <i>FROM</i> <i>TO</i>	SALARY <i>STARTING</i> <i>LEAVING</i>	SUPERVISOR
YOUR DUTIES		
REASON FOR LEAVING		

I understand that if I am interviewed and considered for a position with the Town of Southern Pines, all my work history and references will be verified.

Signature of applicant

Date

REFERRAL SOURCE

CERTIFICATION AND ASSENT

I hereby certify that the statements I have made are true, and if I am subsequently employed by you, I will be discharged if they are found to be false.

I hereby acknowledge that I have read and understand the above statement.

Signature of applicant

Date

EOE

The Town of Southern Pines is a drug-free workplace.

The Town of Southern Pines does not discriminate on the basis of disability. If you require reasonable accommodations to participate in a job application process, program, or activity, please contact the Human Resource Department at 910-692-7021 within 36 hours of the scheduled date.

Town of Southern Pines • 125 S.E. Broad Street • Southern Pines, NC 28387

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the Town of Southern Pines to perform a Criminal History Records Information Check in connection with my application for employment with the Town of Southern Pines pursuant to N.C.G.S. 114-19.3.

Please print:

Last First Middle Maiden

Social Security Number _____
(release of your social security number will only be used for the purpose stated above)

Date of Birth _____

Drivers License Number & State _____

Signature of applicant Date

I hereby authorize the Town of Southern Pines to obtain confidential information concerning my past employment, including information from my current and past employers. This information may include copies of personnel files and safety records. I acknowledge that some information may be positive or negative with respect to my performance and I agree to release the Town of Southern Pines, its agents, and employees from any and all liability for obtaining such information and using it in the hiring process.

Signature of applicant Date

SUBSTANCE ABUSE TESTING

I hereby agree to substance abuse testing by the provider designated by the Town of Southern Pines.

I understand that the Town of Southern Pines is a drug-free workplace and the testing is a condition of pre-employment.

Signature of applicant Date