



*Town of Elizabethtown
805 West Broad Street
Elizabethtown, North Carolina 28337*

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, sexual orientation, or any other legally protected status. **WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

WORK HISTORY: Begin with your most recent job. Include all paid employment as well as all Military or Volunteer work which you feel might help you in the job(s) for which you are applying. If you had different jobs for the same employer, describe each job separately. Describe in **DETAIL** what you did at each job starting with your main duties. Give the percent of time you spent on each duty. A resume cannot be submitted for the work history, but may be attached as additional information. If you were a supervisor, describe the type of employees you supervised.

SIGNATURE OF APPLICANT: You must sign and date this application. **Unsigned applications will Not Be Processed.**

REFERENCES: Give the name, address and telephone number of persons knowing your qualifications. Do not list supervisors listed in the **WORK HISTORY** section.

When completing this application please make sure that you:

- ✓ Apply for one Vacancy per Application
- ✓ Give Complete Information on your Education and Work History
- ✓ List each job held separately and your duties for each position
- ✓ Review your application for any mistakes
- ✓ Sign and date your application

Position Applied For	Date of Application		
How did you learn about us?			
Last Name	First Name	Middle Name	
Mailing Address	City	State	Zip Code
Telephone Number(s)	Work Number		
If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No			
Have you ever filed an application with us before? Yes No	If yes, give date:		

Have you ever been employed with us before? Yes No	If yes, give date:		
Are you currently employed? Yes No	May we contact your present employer? Yes No		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. Yes No			
Federal law requires males age 18 through 25 to register with the Federal government to comply with the Military Selective Service Act. North Carolina GS 143B-421.1 prohibits local governments from employing any males who have not complied with the federal Selective Service Registration regulations. If this requirement pertains to you, have you complied with the Federal law? (Check the appropriate box to the right). Do not enter a response if the regulations do not apply <input type="checkbox"/> Yes <input type="checkbox"/> No			
On what day would you be available for work?	Can you travel if a job required it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you available for work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary			
EDUCATION			
Name and Address of School:	Course of Study	Years Completed	Diploma/ Degree
Elementary School :			
High School :			
Undergraduate College :			
Other (Specify)			
Describe any specialized training, apprenticeship, skills, and extra curricular activities-Include Civilian or Military Training:			

Work History: (include volunteer experience) Use Additional Sheets if Necessary

Current or Last Employer:		Address:	
Job Title:		Supervisor's Name:	
Telephone No.:	No. Supervised by you	Date Employed	Starting Salary \$ per
Ending or Current Salary \$ per	Reason for Leaving	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Separated:		List Major Job Duties:	
No. of Hours per Week:			

Current or Last Employer:		Address:	
Job Title:		Supervisor's Name:	
Telephone No.:	No. Supervised by you	Date Employed	Starting Salary \$ per
Ending or Current Salary \$ per	Reason for Leaving	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Separated:		List Major Job Duties:	
No. of Hours per Week:			

Current or Last Employer:		Address:	
Job Title:		Supervisor's Name:	
Telephone No.:	No. Supervised by you	Date Employed	Starting Salary \$ per
Ending or Current Salary \$ per	Reason for Leaving	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Separated:		List Major Job Duties:	
No. of Hours per Week:			

- To the best of my knowledge and belief, the information given truly represents my background and experience. I authorize investigation of all statements made in this application. 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 Elizabethtown; 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 Elizabethtown 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 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 Elizabethtown, 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.

I UNDERSTAND THAT ON THE FIRST DAY OF EMPLOYMENT I WILL HAVE TO PROVIDE TWO (2) PIECES OF IDENTIFICATION TO PROVE LEGAL ELIGIBILITY TO WORK IN THE UNITED STATES.

I understand that I am required to abide by all rules and regulations of the employer.

Applicant Signature: _____ Date: _____

PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Supplement to Town of Elizabethtown
Employment Application

The Town of Elizabethtown is an Equal Opportunity Employer. Please complete this form in order for us to comply with reporting requirements of the Equal Employment Opportunity Commission. This form will be separate from your employment application. Other than the information you provide in Section I the information on this form will not be used in any way in our selection process or for any personnel action following employment. This information will be maintained in personnel files that must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of state general statutes.

I. POSITION APPLIED FOR: _____

NAME: _____
Last First Middle

DATE OF APPLICATION: _____

II: SEX: MALE FEMALE

(Please circle)

III:
ETHNIC CATEGORY (Please check one of the following)

- White Black
- Hispanic American/ Indian/ Alaskan Native
- Asian/Pacific Islander

IV: Referral Source:

- Advertisement Private Employment Agency
- Town of Elizabethtown Website Friend
- Walk-In Relative
- Employee Other _____