

TOWN OF CHADBURN, N.C.

Employment Application

Position Applied For _____

First Name	Last Name	MI	SSN
Address		City	State
Zip Code	County	Daytime Phone	Evening Phone

Education

	High School	Vocational/ Technical	College/ University	Graduate/ Professional
School Name and Location				
Graduate	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Attended				
Credit Hours				
Type Degree				
Course of Study				

Skills

List any fields of work for which you are currently licensed, registered, or certified. Give dates and sources of issuance:

List any office or other special skills you possess:

List any computer software with which you have experience:

General Information

Please Answer All Questions

- Do you currently work for the Town of Chadburn? Yes No
- Are you a former employee of the Town of Chadburn? Yes No
If yes, indicate Department and Date Separated _____
- Are you related by blood or marriage to any person currently employed by the Town of Chadburn? Yes No
If yes, indicate name, Department, and Relationship _____
- Have you ever been convicted of any unlawful offenses, other than a minor traffic violation? Yes No
(The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying)
If yes, please explain fully on separate sheet.
- Have you ever worked under another name? (Used to verify work experience, education, etc.) Yes No
If yes, please list _____
- If you have a valid driver's license, indicated State of issuance and DL # _____
- If you are subject to Selective Service Registration, are you in compliance? Yes No
- Are you legally eligible to work in the United States? Yes No
- Are you a veteran? Yes No
- When will you be available to begin work (mo/day/yr)? _____

EMPLOYMENT HISTORY (Start with most recent position and work backwards)

Employer _____	Address _____	Phone _____
Job Title _____	Supervisor's Name and Title _____	No. Supervised by you: _____
Date Employed (Mo/Yr) _____	Starting Salary: _____ Per _____	May we contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: _____ Per _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Full time ___ # years ___ # months	<input type="checkbox"/> Part-time ___ # years ___ # months: If Part-time, # of hours worked per week _____	
Reason for Leaving/Wanting to Leave: _____		
Description of Work: _____		

Employer _____	Address _____	Phone _____
Job Title _____	Supervisor's Name and Title _____	No. Supervised by you: _____
Date Employed (Mo/Yr) _____	Starting Salary: _____ Per _____	May we contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: _____ Per _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Full time ___ # years ___ # months	<input type="checkbox"/> Part-time ___ # years ___ # months: If Part-time, # of hours worked per week _____	
Reason for Leaving/Wanting to Leave: _____		
Description of Work: _____		

Employer _____	Address _____	Phone _____
Job Title _____	Supervisor's Name and Title _____	No. Supervised by you: _____
Date Employed (Mo/Yr) _____	Starting Salary: _____ Per _____	May we contact Employer?
Date Separated (Mo/Yr) _____	Ending Salary: _____ Per _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Full time ___ # years ___ # months	<input type="checkbox"/> Part-time ___ # years ___ # months: If Part-time, # of hours worked per week _____	
Reason for Leaving/Wanting to Leave: _____		
Description of Work: _____		

I certify that all the statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and are made in good faith. I authorize investigation and release of all statements made in this application to the Town of Chadbourn's hiring officials. I understand that false information is grounds for rejection of my application and/or dismissal if I am employed. I understand that the Town of Chadbourn is a drug-free workplace and that I must have a negative drug test before I may be employed by the Town of Chadbourn.

Signature of Applicant (Unsigned applications will not be processed)_____
Date