

EMPLOYMENT APPLICATION
TOWN OF LELAND
102 TOWN HALL DRIVE
LELAND, NC 28451
Telephone: (910) 371-0148
Fax: (910) 371-1073

Qualified applicants are considered for openings without regard to race, color, sex, national origin, age, martial status, religion, or handicap unrelated to job requirements. This application is designed to protect individual rights and privacy and to ensure equal employment opportunity. All questions are considered important for employment and other use of this information is intended.

Position(s) applied for _____ Date _____

Referral Source: Advertisement Posted Notice Town Employees ESC Other

Name _____

Address _____
Last First Middle

City _____ State _____ Zip Code _____

Telephone: Home _____ Business _____ If none, other phone _____

Type work seeking: Full-time Part-time Auxiliary Officer

Have you ever been employed by the Town before? Yes No If "Yes", dates: _____

Do you have a valid driver's license? _____ Type _____ State _____ Number _____

Do you have a dependable means of transportation to work? _____

Please answer the following questions and explain any "Yes" answers below:

- Are you on lay-off and subject to recall? Yes / No
- Are you a veteran, widow of a veteran, or wife of a disable veteran? Yes / No
- Are you related by blood or marriage to any other town employee? Yes / No
- Do you object to working on weekends or overtime if necessary? Yes / No
- Do you object to reference inquiries to your present employer? Yes / No
- Have you ever been convicted of an offense against the law or forfeited a bond? Yes / No

(A record or conviction will not necessarily exclude you from employment. Factors such as age at time of offense, seriousness of offense, and rehabilitation efforts, will be considered)

Explanations: _____

Educational History (Give your complete educational history below)

	Name of School & Location	Attended		Number of Years Completed	Credit Hours	Did You Graduate?	Degree or Diploma & Yr. Received	Major Subject Areas(s)
		From	To					
		Mo./Yr.	Mo./Yr.					
High School or Highest Grade								
College or University								
Graduate or Professional								
Other Education or Internships								

List fields of work, for which you are licensed, registered, or certified, giving dates and sources of issuance:

List special skills and qualifications, including areas of knowledge and machine operation skills:

List professional or career memberships and achievements:

COMPLETE OTHER SIDE

Employment Experience: Beginning with your present or last position, list each job held. Include military service and previous town employment. If you need additional space, please continue of an additional sheet of paper. You may also attach a personal resume if you desire, but please complete this application in full.

Employer	Dates		Work Performed
	From	To	
Address			
Telephone	Salary or Wage Rate		
	Starting	Final	
Job Title			
Supervisor			Reason for Leaving
Employer	Dates		Work Performed
	From	To	
Address			
Telephone	Salary or Wage Rate		
	Starting	Final	
Job Title			
Supervisor			Reason for Leaving
Employer	Dates		Work Performed
	From	To	
Address			
Telephone	Salary or Wage Rate		
	Starting	Final	
Job Title			
Supervisor			Reason for Leaving
Employer	Dates		Work Performed
	From	To	
Address			
Telephone	Salary or Wage Rate		
	Starting	Final	
Job Title			
Supervisor			Reason for Leaving

Other information related to your qualifications for this position: _____

References. You may list as references persons who are not related to you and who have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. Do not repeat the names of supervisors you have listed under your employment experience.

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

Would you give permission for the Town to obtain the following information if it were related to a job for which you were applying?

1. Credit Record _____
2. Police Record _____
3. Driving Record _____

Date of Birth _____ Social Security Number _____

Certificate of Applicant. I certify that the information given herein is true and complete to the best of my knowledge. I authorize investigation of any statements given on this application as may be necessary in considering me for employment. I understand that any false or misleading information given may result in disqualification or, if employed, discharge. I agree, if employed, to abide by all work rules and requirements of the Town.

Signature of Applicant

Date