



Town of Wrightsville Beach

321 Causeway Drive, PO Box 626, Wrightsville Beach, NC 28480
Telephone: (910) 256-7900 Fax: (910) 256-7910

EMPLOYMENT APPLICATION

(Please print and answer all questions completely)

Position Title applied for: _____ Date: _____

Name: _____
(Last) (First) (Middle)

Name, under which you have worked or have been educated, if different from present:

Address: _____
(Street Address or PO Box) (city) (state & zip)

Telephone: Home () _____ Business () _____

Email address: _____

Are you 18 or older? () Yes () No if no, list birth date: _____

Are you a citizen of the United States? () Yes () No

(Proof of citizenship or immigration status will be required upon employment)

Driver's License No. _____ Class _____

Issued in what state? _____ Expiration Date: _____

Do you have reliable transportation to and from work? () Yes () No

Have you ever worked for the Town of Wrightsville Beach before?

() Yes () No

Are you related by blood or marriage to any person now employed by the Town of Wrightsville Beach?

() Yes () No

If yes, give name(s) and relationship(s) _____

Are you presently employed? () Yes () No

Do you object if we contact your present employer? () Yes () No

PERSONAL REFERENCES

Please provide the following information for four responsible persons, other than relatives or past employers, who can provide information about your character, ability, experience, personality and other qualities.

(1) Name _____ Home Phone _____ Business Phone _____

Address _____

How Acquainted _____ Yrs. Acquainted _____

(2) Name _____ Home Phone _____ Business Phone _____

Address _____

How Acquainted _____ Yrs. Acquainted _____

(3) Name _____ Home Phone _____ Business Phone _____

Address _____

How Acquainted _____ Yrs. Acquainted _____

(4) Name _____ Home Phone _____ Business Phone _____

Address _____

How Acquainted _____ Yrs. Acquainted _____

EXPERIENCE

List your most recent experience first. Experience may be paid or unpaid, full-time, part-time, or military. Describe all of your work experience thoroughly, indicating how it relates to the position for which you are applying. Include MONTH and YEAR of your beginning and ending dates of employment or experience. Failure to provide complete information may result in disqualification of your application, or termination of any future employment.

(1) Starting Date _____ Ending Date _____

Starting Salary _____ Ending Salary _____

Employer Name _____

Employer Address _____

Employer Telephone Number _____

Supervisor's Name _____

Job Title _____ Hours Worked _____

Description of Duties: _____

Equipment operated: _____

Reason for Leaving: _____

EXPERIENCE CONTINUED

(2) Starting Date _____ Ending Date _____

Starting Salary _____ Ending Salary _____

Employer Name _____

Employer Address _____

Employer Telephone Number _____

Supervisor's Name _____

Job Title _____ Hours Worked _____

Description of Duties: _____

Equipment operated: _____

Reason for Leaving: _____

(3) Starting Date _____ Ending Date _____

Starting Salary _____ Ending Salary _____

Employer Name _____

Employer Address _____

Employer Telephone Number _____

Supervisor's Name _____

Job Title _____ Hours Worked _____

Description of Duties: _____

Equipment operated: _____

Reason for Leaving: _____

GENERAL INFORMATION

Based upon the job description, do you believe that you are capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? () Yes () No

If no, which ones are you incapable of handling? _____

Would you be willing to work on weekends and during the evening? () Yes () NO

How many days notice would you require before reporting for work? _____

Have you ever been convicted of an offense against the law other than a minor traffic violation?
() Yes () No Please explain:

(A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

EDUCATION

(If additional space is needed, please provide on an attached sheet)

Circle the highest grade you completed in school:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Did you graduate from high school?

Did you obtain a GED certificate?

Name and location of high school attended

Name(s) and location(s) of colleges or universities attended	Major/Minor Studies	Dates Attended From Mo/Yr To Mo/Yr	Degrees	Graduation Date

Professional Certificate or license related to the job for which you are applying.

Title

Expiration Date

SPECIAL TRAINING

This space is for training or education that demonstrates specific qualifications for the particular job for which you are applying. The training or education may be full-time or part-time, apprenticeships, academic courses, seminars, or other types of training. Training schools, military schools, business colleges, or special courses pertinent to the position applied for should be included. Attach additional pages, if necessary. Attach transcripts, diploma or certificate, if required by vacancy.

Course	Institution	Dates From To Mo/Yr Mo/Yr	Total Class Hours	License or Certificate Issued

EQUIPMENT SKILLS

List any special size and/or type of equipment that you can operate, including office, computers, vehicles, construction, etc.

ORGANIZATIONAL AFFILIATIONS

List all organizational affiliations.

CONDITIONS OF EMPLOYMENT

Thank you for completing this application. You are urged to carefully read the following certification.

All the information provided by me, in this application or otherwise, is accurate and complete. I hereby give the Town of Wrightsville Beach permission to investigate any and all information contained herein or otherwise provided during the selection process. In addition, if appropriate for the position, I (A) authorize the Wrightsville Beach Police Department to obtain a copy of my driving record from the Department of Motor Vehicles; (B) agree to undergo drug screening; (C) agree to undergo a polygraph examination; and (D) agree to undergo a physical and/or psychological examination, if applicable, for position applied and credit report.

I fully understand that this application will be used only in conjunction with the position for which I am applying and that its completion neither assures me a position with the Town nor obligates the Town to me in any way.

I further understand that the failure to complete this application may render it void and that any misleading, incorrect statements, or omissions of material facts made during the selection process will subject me to disqualification, or if employed, result in my suspension or immediate discharge from employment with the Town of Wrightsville Beach. If employed, I will provide documentation establishing my identity and right to work in the United States. I agree to conform to the rules and regulations of the Town of Wrightsville Beach, or departments thereof.

I certify that I have read the foregoing statements and agree to the conditions stated therein.

Signed _____ Date _____