							DATE OF	
APPLICATION FOR EMPLOYMENT							DATE OF APPLICATION	
This institution is an equal opportunity provider and employer.							, , , , , , , , , , , , , , , , , , , ,	
(SSN Valuntary for record keeping and data processing only)						SIVER		
(SOLV Voluntary for record keeping and data processing only)					ame		Middle Name	
Social Security No: Last Name First Name								
Address (Street Nur	nber and Name)			City			County	
State		Zip Code	Phone (home or where	you can be	reached)	Business Ph	none	
Availability							If subject to	
Do you		Are you related by blood or marriage to any person now working for the town Military Selective						
now work	, ,	If yes, give name, relationship to you and the agency where employed. Service registration Certify Compliance						
for the town?		Voc as No.						
	Yes or No Yes or No						by initialing below:	
Military Service	······································	<u> </u>						
Have you served honoral	oly in the Armed Forces	of the United State	s on active duty for reasons other	than training?			Yes or No	
Do you wish to declare a		•	Yes or N			<u> </u>		
			ed veteran who died from service	related reasons	5?		Yes or No	
Do you wish to declare el Give dates of your (or spe			use of a disabled veteran?			Yes or No		
	ouse's) qualifying active Separa		Branch:	Rai	nk:			
Are you a member of the	•		7	sranch:		Rank:		
	AGENCY	USE ONLY: ELIGI	BILITY FOR VETERAN'S PREFEI	RENCE:	Yes 🛚	No	1	
CHECK the types of	of work you will accept:	☐ Permanen	nt full-time □ Permanent pa	rt-time 🗆	Temporary	full-time 🛚 T	emporary part-time	
		☐ Any of the pr		g Travel 🗆	Shift or S	Split-Shift Work		
If you are not available fo	r work now, enter the ea	rliest date you coul	d begin work (mo/day/yr)					
Jobs Applied For								
Enter below the specific to	itle of the job for which y	ou are applying.		4 = 1			•	
Referral Source								
Please indicate your refer	C						_	
	e Employment Security	Commission (Job S	Service), please indicate which loca	al office:				
Education								
			College 1 2 3 4 Graduate School mester (S) or quarter (Q) hours.	1234				
Under 5/Q ris List the r	iours of cledit received a	and it triey were ser	nester (5) or quarter (Q) nours.	Grad?	T	Major/Minor	Type of Degree	
Schools	·	Name and Loc	cation	Yes/No	S/Q Hrs.	Course Work	Received	
High School								
College(s) or			111 11 111					
Universitie(s)								
Graduate or Professional								
Other educational,								
vocational school,								
internships, etc.								
Special training programs	and seminars you have	completed in the la	ast five years (list):					
If the job applied for calls	for specific courses, ind	icate those courses	s taken and credits received:					
ir the job applied for ealis	ior apcomo codraco, ma	odie mode oddroed	taken and creaks received.					
O 110 - 11 - A COL								
Certifications and/or Affilia			State:					
Certification:: Certification::								
			DO NOT COMPLETE THIS BLOCK					
Certification::Certification::		State: State:		DEG	DEGREES AND PROFESSIONAL CREDENTIALS			
Licenses (List, giving date	s and sources of issuan	ce):			Have bee			
, 00		, .					lays (G.S. 126-30)	
				4	erson Resp		· ,	

SKILLS						
Check the following skills, exp	erience, etc., which you have:	Applicable Skills:				
☐ Driver's License						
	mber State					
☐ Chauffeur's License	Otat.					
Num □ Car for use at work	nber State					
WORK HISTORY (include	e volunteer experience) Use Additiona	I Sheets if Necessary.				
Current or Last Employer:	<u>,,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Address:	***************************************			
Job Title:		Supervisors Name:	Telephone Number:	Number Supervised by You:		
Date Employed (mo/yr)	Starting Salary	Ending or Current Salary	Reason for Leaving:			
(**************************************	per	\$ per				
Date Separated (mo/yr)	List major duties in order of their imp	portance in the job.				
Full Time Years Months	-					
ruii iinie tears wontns						
Part Time Years Months						
If Part Time, number of hours						
worked per week	1					
Employer:		Address:				
Job Title:		Supervisors Name:	Telephone Number:	Number Supervised by You:		
Date Employed (mo/yr)	Starting Salary	Ending or Current Salary	Reason for Leaving:			
	per	per				
Date Separated (mo/yr)	List major duties in order of their imp	ortance in the job.				
Full Time Years Months						
Part Time Years Months						
If Part Time, number of hours						
worked per week						
Please attach resume or additi	onal work history to this application if t	needed.				
I certify that I have given true,	accurate, and complete information or	this form to the best of my know	ledge. In the event			
	ection with my work, I authorize educa		-			
·	whatever detail is available concerning	• •	•			
· ·	close relevant information may be gro		• •			
	application and understand that false i n employment shall be mandatory if fra		•			
(Authority: G.S. 126-30, G.S.	• •	duduent disclosures are given to i	meet position qualifications			
,,	***					
Cianatura of Ann	dicant (unclaned application will not be	a processed)	Dat	ta		
Signature of App	licant (unsigned application will not be	processeu)	Dai	tC		
For Official Use Only:	Date Application Received:	Date Inte	rviewed:			

"The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it we are required to note the racial/national origin of individual applicants on the basis of visual observation or surname."						
I do not wish to furnish this information.						
ETHNICITY						
Hispanic or Latino	☐ Not Hispanic or Latino					
RACE						
American Indian or Alaska Native	Asian					
Black or African American	Native Hawaiian or Other Pacific Islander					
White						