

# Town of Faison

## Employment Application

110 N. E. Center Street  
Faison, NC 28341

Phone: (910)267-2721  
Fax: (910)267-1848

### 1. PERSONAL DATA

Today's Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Int: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

If no phone where can you be reached? \_\_\_\_\_

NC Drivers License: License #: \_\_\_\_\_ Issue Date: \_\_/\_\_/\_\_\_\_ Expiration Date: \_\_/\_\_/\_\_\_\_

Restrictions: \_\_\_\_\_

**Citizenship:** I certify that I am:

a U. S. Citizen  a Non-Citizen with permanent work authorization

a Non-Citizen with renewable work authorization

### 2. WORK PREFERENCES

What position or type of work are you applying for? \_\_\_\_\_

Are you seeking:  Full-time permanent  Part-time permanent  Temporary  Seasonal

Are you required to give a work notice?  Yes  No Date available to start: \_\_\_\_\_

Were you previously employed by us?  Yes  No If yes, when? \_\_\_\_\_

List any job-related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. TO APPLICANT:** We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income.

#### 4. EMPLOYMENT HISTORY

List below present and past employment, beginning with your most recent

1.

Name/Address of Company/Type of Business	From Mo. __ Yr. __	To Mo. __ Yr. __	Weekly Starting Salary \$ _____	Weekly Ending Salary \$ _____
Name of Supervisor:	Phone Number:			
Reason for Leaving:				
Describe the work you did:				

2.

Name/Address of Company/Type of Business	From Mo. __ Yr. __	To Mo. __ Yr. __	Weekly Starting Salary \$ _____	Weekly Ending Salary \$ _____
Name of Supervisor:	Phone Number:			
Reason for Leaving:				
Describe the work you did:				

3.

Name/Address of Company/Type of Business	From Mo. __ Yr. __	To Mo. __ Yr. __	Weekly Starting Salary \$ _____	Weekly Ending Salary \$ _____
Name of Supervisor:	Phone Number:			
Reason for Leaving:				
Describe the work you did:				

I hereby give permission to contact the employers listed above concerning prior work experience as indicated below.

Employer 1? Yes \_\_\_ No \_\_\_

Employer 2? Yes \_\_\_ No \_\_\_

Employer 3? Yes \_\_\_ No \_\_\_

**5. RECORD OF EDUCATION**

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED CERTIFICATE	List Diploma or Degree
			1	2	3	4		
High								
College								
Other (Specify)								

**PERSONAL REERENCES (Not Former Employers or Relatives)**

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home? Yes \_\_\_ No \_\_\_

If yes, what is the best time to call? \_\_\_\_\_

May we telephone you to follow up on this application at work? Yes \_\_\_ No \_\_\_

If yes, what is the best time to call? \_\_\_\_\_

What is your business telephone number? \_\_\_\_\_

**6. PLEASE READ AND SIGN BELOW**

I certify that the facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment. An offer for employment will require the applicant to provide a certified copy of their criminal history. This report can be obtained from the clerk of court in the county the applicant currently lives in or if the applicant has recently moved from one county to another, this report can be obtained from their previous county clerk of court.

This report will be kept confidential and in the employee's personal file.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**AN EQUAL OPPORTUNITY EMPLOYER**

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**APPLICANT – Do Not Write On This Page**

**FOR TEST ADMINISTRATOR’S USE**

Tests Administered	Date	Raw Score	Rating	Comments/Interpretation

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**REFERENCE CHECK**

*Position Number	Results of Reference Check
1	
2	
3	

**Notes:**
