

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? _____		
Do you have a valid NC Drivers License: Yes _____ No _____ 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?	List Diploma or Degree
			1	2	3	4		
High							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED CERTIFICATE	
College							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)							<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

APPLICANT – Do Not Write On This Page
FOR TEST ADMINISTRATOR’S USE

Tests Administered	Date	Raw Score	Rating	Comments/Interpretation

REFERENCE CHECK

*Position Number	Results of Reference Check
1	
2	
3	

Notes:
