

Town of Stantonsburg

108 East Commercial Ave Stantonsburg, NC 27883 (252) 238-3608

## **Employment Application**

		Applicant	t Informa	ation			100
Full Name:	:			Date:			
	Last	First			М.І.		
Address:	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
Phone:		70	Email				
Date Availal	ble: So	ocial Security No.:_			Desired	Salary: <u>\$</u>	
Position App	olied for:						
Are you a ci	tizen of the United States?	YES NO	If no, a	ire you a	authorized to wo	YES rk in the U.S.?	NO
Have you e	ver worked for the Town?	YES NO	If yes,	when?_			
Have you e	ver been convicted of a felo	YES NO					
If yes, expla	in:						
		Edu	ıcation				
High School	l:	Addres	ss:				
From:	To:	Did you graduate	YES ∋? □	NO	Diploma:	*	
College:		Addres	ss:				
From:	To:	Did you graduate	YES ⊖? □	NO	Degree:		
Other:		Addres	ss:				
From:	To:	Did you graduate	YES ∋? □	NO	Degree:		

## References

Please list three p	rofessional references.				
Full Name:				Relationship:	
				Phone:	
Address:					ve ne
Full Name:				Relationship:	
-				Phone:	
Address:		especial density (CA)	MANUAL MANUAL		- 50
Full Name:				Relationship:	
Company:				Phone:	
Address:					
	Previous E	mployme	ent		
Company:				Phone:	
				Supervisor:	
Job Title:	Starting S	salary:\$		Ending Salary:\$	8
Responsibilities: _			ā		
From:	To:	Reason fo	or Leaving:		
May we contact yo	ur previous supervisor for a reference?	YES	NO		
Company:				Phone:	
				Supervisor:	
Job Title:	Starting S	Salary:\$		Ending Salary:	
Responsibilities:					
From:	To:	Reason f	or Leaving		
May we contact yo	our previous supervisor for a reference?	YES	NO		
Company:				Phone:	
				0 .	
Job Title:	Starting S	Salary:\$		Ending Salary:\$	

Responsibilities:							
From: To:	Reason for Leaving:						
May we contact your previous supervisor for a reference?	YES	NO					
Military Service							
Branch:		_ From:	To:				
Rank at Discharge:	Type of	Discharge:					
If other than honorable, explain:							
Disclaimer and Signature							
NOTICE!  All applicants who are selected for a permanent position with the Town will be required to have a drug screening test prior to employment.  THIS APPLICATION MUST BE SIGNED.  Unsigned applications will not be processed.  **Submitting an electronic version of this application: If selected to continue in the							
selection process a signature will be required at that time.  I certify that, to the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly misrepresented or falsified any of the application information, I may be disqualified for employment consideration or dismissed from employment with the Town.							
I authorize my current and former employers to give any information regarding my employment, together with any information regarding me whether or not it is in their records. I hereby release them from any damage whatsoever for issuing same. I also permit the Town to conduct a police and courts records investigation of my background.							
I also authorize schools and other educational instituti ratings to Town representatives who are investigating n							
Signature:			Date:				