

EMPLOYMENT APPLICATION

Town of Middlesex
PO Box 69
Middlesex, NC. 27557
(252) 235-5761 Phone
(252) 235-5762 Fax
Email: gloria@townofmiddlesexnc.com

We consider applicants for vacant positions without regard to race, color, religion, sex, national origin, age, or marital status. It is the responsibility of each applicant to notify us if any reasonable accommodations are necessary to allow completion of the application process or the ability to perform the position applied for.

Position applied for: _____

Name _____

Last name First name Middle name

Address: _____

Street City State Zip Code

Telephone: Home: _____ Cell/Work: _____

Drivers License # _____ State _____

Please circle one

Do you have a valid social security number?
(proof will be required at a later date)

Yes No

Are you at least 18 years of age?

Yes No

Have you ever filed an application
with us before? If yes give date _____

Yes No

Are you currently employed?

Yes No

May we contact your present employer
about your qualifications and work history?

Yes No

List any apprenticeships or vocational training:

List any professional registrations, licenses or certifications:

State any additional information you feel may be helpful to us in considering your application.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from other employment or other experience.

Have you ever had job related training in the United States Military? Yes/No
If yes, describe:

REFERENCES

Give name, address and phone number of three (3) references who are *not related to you* and are *not former employers*.

1. Name _____ phone # _____
Address _____
2. Name _____ phone # _____
Address _____
3. Name _____ phone # _____

Address

EMPLOYMENT EXPERIENCE

(Please list in chronological order beginning with the most current employer.)

1. EMPLOYER _____

Address _____

Telephone _____

Dates employed: From _____ Through _____

Salary: Starting _____ Final _____

Job title _____

Your supervisor _____

Reason for leaving _____

2. EMPLOYER _____

Address _____

Telephone _____

Dates employed: From _____ Through _____

Salary: Starting _____ Final _____

Job title _____

Your supervisor _____

Reason for leaving _____

3. EMPLOYER _____

Address _____

Telephone _____

Dates employed: From _____ Through _____

Salary: Starting _____ Final _____

Job title _____

Your supervisor _____

Reason for leaving _____

4. EMPLOYER _____

Address _____

Telephone _____

Dates employed: From _____ Through _____

Salary: Starting _____ Final _____

Job title _____

Your supervisor _____

Reason for leaving _____

This application will not be accepted unless completed in full.

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and the release of pertinent information to the Town of Middlesex as may be necessary in arriving at an employment decision. I understand I may be subjected to a drug test at any time during my employment. In the event of my employment, I understand that giving false or misleading information in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the Town of Middlesex.

Signature of Applicant _____

BACKGROUND INVESTIGATION AUTHORIZATION

I hereby authorize and consent to a background investigation by and release to Middlesex Town Officials of any and all credit, police, court, and/or other records which may provide information pertinent to a determination of my suitability for employment with the Town. I agree to provide the Town of Middlesex with my correct social security number and any other identifying information that is requested from me in order to verify my employment eligibility.

Signature of Applicant _____ Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange interview? Yes No Date _____

Remarks: _____

Hired? Yes no _____

Date of employment: _____ Salary: _____

Job Title: _____ Department: _____

Date Approved by Town Board: _____