



## APPLICATION FOR EMPLOYMENT

To be considered for a position, you must complete all the questions listed. For some positions a resume may be attached, but the application **MUST** be completed in its entirety.

Date \_\_\_\_\_

Position applied for \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle - if married, use maiden name

Mailing Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

When will you be available for employment? \_\_\_\_\_

Are you a veteran? Yes \_\_\_ No \_\_\_

Date of entry into active service: \_\_\_\_\_

Date of separation from active service: \_\_\_\_\_

Type of separation: \_\_\_\_\_

Have you ever worked for the Town of Southern Pines? Yes \_\_\_ No \_\_\_

Have you ever been convicted of an offense against the law or forfeited bond? Yes \_\_\_ No \_\_\_

References: Please list the names and addresses of two personal references, **excluding** relatives and former employers. **DO NOT** repeat names of supervisors you will list in the **WORK HISTORY SECTION**.

1. \_\_\_\_\_

2. \_\_\_\_\_

**EDUCATION**

NAME	ADDRESS	CIRCLE LAST YEAR COMPLETED	MONTH & YR. GRADUATED	DEGREE
HIGH SCHOOL PREPARATORY		1 2 3 4		
BUSINESS SCHOOL		1 2 3 4		
COLLEGE		1 2 3 4		
GRADUATE WORK		1 2 3 4		
OTHER (DESCRIBE)		1 2 3 4		

If you did not graduate, why did you leave school or college? \_\_\_\_\_

Are you planning to pursue further studies? Yes \_\_\_ No \_\_\_ Day School \_\_\_ Night School \_\_\_

If so, when and what courses? \_\_\_\_\_

**MACHINE OPERATION:**

List any machines or equipment you can operate proficiently.

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**WORK HISTORY: IT IS MANDATORY THAT YOU COMPLETE THIS SECTION.**

**Start with your present or most recent job. List self-employment, summer, and part-time jobs.**

**1**

COMPANY	ADDRESS	TELEPHONE
DATE EMPLOYED <i>FROM</i> <i>TO</i>	SALARY <i>STARTING</i> <i>LEAVING</i>	SUPERVISOR
YOUR DUTIES		
REASON FOR LEAVING		

**2**

COMPANY	ADDRESS	TELEPHONE
DATE EMPLOYED <i>FROM</i> <i>TO</i>	SALARY <i>STARTING</i> <i>LEAVING</i>	SUPERVISOR
YOUR DUTIES		
REASON FOR LEAVING		

**3**

COMPANY	ADDRESS	TELEPHONE
DATE EMPLOYED <i>FROM</i> <i>TO</i>	SALARY <i>STARTING</i> <i>LEAVING</i>	SUPERVISOR
YOUR DUTIES		
REASON FOR LEAVING		

**I understand that if I am interviewed and considered for a position with the Town of Southern Pines, all my work history and references will be verified.**

Signature of applicant

Date

**REFERRAL SOURCE**

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**CERTIFICATION AND ASSENT**

I hereby certify that the statements I have made are true, and if I am subsequently employed by you, I will be discharged if they are found to be false.

I hereby acknowledge that I have read and understand the above statement.

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Signature of applicant

Date

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**EOE**

The Town of Southern Pines is a drug-free workplace.

The Town of Southern Pines does not discriminate on the basis of disability. If you require reasonable accommodations to participate in a job application process, program, or activity, please contact the Human Resource Department at 910-692-7021 within 36 hours of the scheduled date.

Town of Southern Pines • 125 S.E. Broad Street • Southern Pines, NC 28387

