

**TOWN OF SPRING HOPE**  
118 W Railroad Street \* PO Box 87  
Spring Hope, NC 27882  
252-478-5186

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone # (including area code): \_\_\_\_\_  
Are you 18 years or older? \_\_\_\_\_ YES \_\_\_\_\_ NO  
Email: \_\_\_\_\_

**DESIRED EMPLOYMENT**

Position applied for: \_\_\_\_\_  
When could you start? \_\_\_\_\_ Desired Salary? \_\_\_\_\_  
How did you learn of this opening? \_\_\_\_\_  
Are you currently employed? \_\_\_\_\_ May we contact your employer? \_\_\_\_\_  
Have you ever applied here before? \_\_\_\_\_ When? \_\_\_\_\_  
Have you ever worked here before? \_\_\_\_\_ When? \_\_\_\_\_  
Reason for leaving employment here: \_\_\_\_\_  
\_\_\_\_\_

**GENERAL**

Subjects of special study or research: \_\_\_\_\_  
Special training: \_\_\_\_\_  
Special Skills: \_\_\_\_\_  
Do you possess a valid NC Driver's License? \_\_\_\_\_ YES \_\_\_\_\_ NO NCDL # \_\_\_\_\_  
Do you possess a valid NC CDL License? \_\_\_\_\_ YES \_\_\_\_\_ NO CDL # \_\_\_\_\_

**EDUCATION**

**GRAMMAR SCHOOL:** \_\_\_\_\_  
*(Name & Location)*

YEARS ATTENDED \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_



**MIDDLE SCHOOL:** \_\_\_\_\_  
*(Name & Location)*

YEARS ATTENDED \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_



**HIGH SCHOOL:** \_\_\_\_\_  
*(Name & Location)*

YEARS ATTENDED \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_



**TRADE OR BUSINESS SCHOOL:** \_\_\_\_\_  
*(Name & Location)*

YEARS ATTENDED \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_



**COLLEGE:** \_\_\_\_\_  
*(Name & Location)*

YEARS ATTENDED \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_



**GRADUATE SCHOOL:** \_\_\_\_\_  
*(Name & Location)*

YEARS ATTENDED \_\_\_\_\_ DID YOU GRADUATE? \_\_\_\_\_

**FORMER EMPLOYERS**

List below your last THREE (3) employers, beginning with the current (most recent) one first:

**PRESENT Employer:** \_\_\_\_\_

Address \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_

May we contact your supervisor? YES \_\_\_\_\_ NO \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



**FORMER Employer:** \_\_\_\_\_

Address \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_

May we contact your supervisor? YES \_\_\_\_\_ NO \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_



**FORMER Employer:** \_\_\_\_\_

Address \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Title \_\_\_\_\_

May we contact your supervisor? YES \_\_\_\_\_ NO \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## **REFERENCES**

List THREE (3) persons to whom you are not related, who have known you for AT LEAST ONE YEAR, and who we may contact as references on your behalf:

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Years Known: \_\_\_\_\_

## **MILITARY SERVICE RECORD**

Military Branch: \_\_\_\_\_ Entry Date: \_\_\_\_\_

Rank: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Military Branch: \_\_\_\_\_ Entry Date: \_\_\_\_\_

Rank: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain (*will not necessarily exclude you from consideration*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **AUTHORIZATION**

*I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if I am employed, falsified statements on this application shall be grounds for my dismissal. I authorize investigation of all statements contained herein and authorize the references and employers listed above to release any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, as permitted by law. I hereby release the town from all liability for any damage that may result from utilization of such information.*

*Applicant Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_