

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 # _____

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 _____

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*): _____

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: _____

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 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.

Signature: _____ Date: _____