

## EMPLOYMENT APPLICATION

Town of Bailey

P.O. Box 40

Bailey, N.C. 27807

Phone: 252-235-4977

Email: [administrator@townofbaileync.org](mailto:administrator@townofbaileync.org)

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: \_\_\_\_\_

Driver's 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

May we contact your previous employers  
about your qualifications and work history? Yes No

If between the ages of 18 and 26 have you  
registered for military service? Yes No

Are you a citizen of the United States or legally authorized to work in the US? (proof of citizenship is required) Yes No

Do you have any relatives employed by the town? (If yes, provide name and relationship \_\_\_\_\_) Yes No

Have you been convicted of an offense other than a minor traffic violation? (If yes, explain \_\_\_\_\_) Yes No

(A conviction does not mean that you will not be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

Have you ever used a name other than the one on this application? Yes No

When would you be available to start work? \_\_\_\_\_

At what salary? \_\_\_\_\_

**EDUCATION HISTORY**

Circle highest level completed: 1 2 3 4 5 6 7 8 9 10 11 12 / GED / College 1 2 3 4 / Graduate 1 2 3 4

<u>Names &amp; Locations</u>	<u>Dates Attended</u>	<u>Graduate?</u>	<u>Degree?</u>
High School: _____		Yes / No	Yes / No
College: _____		Yes / No	Yes / No
Professional/ Graduate: _____		Yes / No	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.

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### **SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from other employment or other experience: \_\_\_\_\_

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Have you ever had job related training in the United States Military?      Yes / No

If yes, describe: \_\_\_\_\_

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### **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 Bailey 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 Bailey.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

#### **BACKGROUND INVESTIGATION AUTHORIZATION**

I hereby authorize and consent to a background investigation by and release to Bailey 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 Bailey 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: \_\_\_\_\_