

# Town of Mt. Gilead Employment Application

*An Equal Opportunity/Affirmative Action Employer*

110 W. Allenton St  
Mt. Gilead, NC 27371

Phone: (910) 439-5111

Fax: (910) 439-1336

**INSTRUCTIONS:** It is important that you fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort.

## Current Information (Please Type or Print Clearly in Ink)

Position Applied for \_\_\_\_\_ Date \_\_\_\_\_

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

NAME \_\_\_\_\_  
Last First Middle Social Security Number

ADDRESS \_\_\_\_\_  
Street & No., RFD, or P.O. Box City State Zip

TELEPHONE \_\_\_\_\_ -If neither, where can  
Home Business you be reached? \_\_\_\_\_

## General Information (Attach additional sheet if needed)

a. Have you ever been employed with the Town of Mt. Gilead? Yes No  
If yes, what department & when? \_\_\_\_\_

b. Are you related by blood or marriage to any Town employee? Yes No  
If yes, give name, relationship and department \_\_\_\_\_

c. Have you ever been convicted of a felony under the name used on this application or any other name? Yes No

If yes, please explain when, where, and disposition of case. NOTE: The existence of a criminal record does not automatically eliminate you from employment consideration.

\_\_\_\_\_  
\_\_\_\_\_

d. Please list your driver's license number, expiration date, and the state where it was issued.

\_\_\_\_\_

## Education

Circle highest level completed.

1 2 3 4 5 6 7 8 9 10 11 12 GED      College 1 2 3 4 Graduate School 1 2 3 4

School	Location	Attended		Grad?	Semester Quarter Hrs.	Degree or Diploma	Major Subject
		from	to				
High School or GED							
College or University							
Graduate or Professional School							
Vocational/ Technical School or Other							

## Skills, Certifications

Please list any skills, abilities, special certifications, licenses, special training, or courses you have had that you feel are applicable to the position for which you applied. Include skills with equipment or machines you operate. List computer skills separately as indicated below.

- |           |           |
|-----------|-----------|
| (a) _____ | (f) _____ |
| (b) _____ | (g) _____ |
| (c) _____ | (h) _____ |
| (d) _____ | (i) _____ |
| (e) _____ | (j) _____ |

Please list computer knowledge and specific software skills:

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## Employment History

Record your complete work history in the spaces below. Begin with your current or most recent employer first. Use continuation sheets as necessary to account for your full record. Be sure to account for gaps in your employment history. Related volunteer experience should also be listed.

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Employer: (Present or most recent)		Address:		Phone #:
Job Title:		Name and title of supervisor:		No. supervised by you:
Date Employed:		Starting Salary		Ending Salary
		\$ _____ per		\$ _____ per
Date Separated:		Duties:		
Full time for: Years Months _____				
Part time for: Years Months _____				
If part-time, number of hrs. worked per week: _____		Reason for leaving:		

Employer:		Address:		Phone #:
Job Title:		Name and title of supervisor:		No. supervised by you:
Date Employed:		Starting Salary		Ending Salary
		\$ _____ per		\$ _____ per
Date Separated:		Duties:		
Full time for: Years Months _____				
Part time for: Years Months _____				
If part-time, number of hrs. worked per week: _____		Reason for leaving:		

Employer:		Address:		Phone #:
Job Title:		Name and title of supervisor:		No. supervised by you:
Date Employed:		Starting Salary		Ending Salary
		\$ _____ per		\$ _____ per
Date Separated:		Duties:		
Full time for: Years Months _____				
Part time for: Years Months _____				
If part-time, number of hrs. Worked per week: _____		Reason for leaving:		

<b>Employment (continued)</b>		
Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary \$ _____ per	Ending Salary \$ _____ per
Date Separated:	Duties:	
Full time for: Years Months _____	_____	
Part time for: Years Months _____	_____	
If part-time, number of hrs. Worked per week: _____	Reason for leaving:	

(Use continuation sheets as necessary to account for your full record.)

<b>References</b>
<p>Please do not list family relatives. We recommend listing persons such as coworkers, teachers, etc., who have knowledge of your qualifications for the position for which you are applying. Do not repeat names of supervisors listed with your employment record unless they can no longer be contacted at those addresses. Include complete addresses. If we may contact by telephone, please list the appropriate number.</p>
<p>(a) Name _____ Address _____ Telephone # _____ _____</p>
<p>(b) Name _____ Address _____ Telephone # _____ _____</p>
<p>(c) Name _____ Address _____ Telephone # _____</p>

**Please read and sign the statement below. We will not check a reference with your current employer unless you have given us permission on the previous page.**

I certify that, to the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly misrepresented or falsified any of the application information I may be disqualified for employment consideration or dismissed from employment with the Town.

I authorize my current and former employers to give any information regarding my employment, together with any information regarding me whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same. I also permit the Town of Mt. Gilead to conduct a Police and Court Records investigation of my background.

I also authorize schools and other educational institutions which I may have attended to reveal my scholastic ratings to the Town of Mt. Gilead representatives who are investigating my educational background.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CONTINUATION SHEET  
EMPLOYMENT HISTORY**

**NAME:** \_\_\_\_\_

Employer: (Present or most recent)		Address:		Phone #:
Job Title:		Name and title of supervisor:		No. supervised by you:
Date Employed:		Starting Salary		Ending Salary
		\$ _____ per		\$ _____ per
Date Separated:		Duties:		
Full time for: Years Months _____				
Part time for: Years Months _____				
If part-time, number of hrs. Worked per week: _____		Reason for leaving:		

Employer:		Address:		Phone #:
Job Title:		Name and title of supervisor:		No. supervised by you:
Date Employed:		Starting Salary		Ending Salary
		\$ _____ per		\$ _____ per
Date Separated:		Duties:		
Full time for: Years Months _____				
Part time for: Years Months _____				
If part-time, number of hrs. Worked per week: _____		Reason for leaving:		

Employer:		Address:		Phone #:
Job Title:		Name and title of supervisor:		No. supervised by you:
Date Employed:		Starting Salary		Ending Salary
		\$ _____ per		\$ _____ per
Date Separated:		Duties:		
Full time for: Years Months _____				
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If part-time, number of hrs. Worked per week: _____		Reason for leaving:		

