

# TOWN OF BADIN APPLICATION FOR EMPLOYMENT

BE SURE TO GIVE ACCURATE AND COMPLETE INFORMATION. FAILURE TO DO SO MAY RESULT IN THE REJECTION OF YOUR APPLICATION. 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 A PART OF THE EVALUATION PROCESS AND, THEREFORE, SHOULD REPRESENT YOUR BEST EFFORT.

**THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY**

## Current Information

Position Applied For: \_\_\_\_\_

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

Are you seeking: Full Time:  Part Time:  Summer Work:

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Driver License Number: \_\_\_\_\_ State: \_\_\_\_\_

## General Information

1- Have you ever been employed with the Town of Badin? Yes:  No:

If yes, what dept. & when? \_\_\_\_\_ Date: \_\_\_\_\_

2- Are you related by blood or marriage to any Town of Badin employee? Yes:  No:

If yes, give name, relationship, and department: Name: \_\_\_\_\_ Dept.: \_\_\_\_\_

3- Have you ever been convicted of a misdemeanor or felony? Yes:  No:

If yes, please explain: \_\_\_\_\_

**NOTE:** A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, and nature of the crime will be taken into consideration



The Town of Badin is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, creed, color, religion, national origin, age, sex, handicap, marital or veteran status.

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## EMPLOYMENT

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

### A. CURRENT OR MOST RECENT EMPLOYMENT

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_ No. of employees you supervise: \_\_\_\_\_

Employer or company: \_\_\_\_\_

Address: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Phone: \_\_\_\_\_

Full-time: Years \_\_\_\_\_ Months \_\_\_\_\_ Part-time: Years \_\_\_\_\_ Months \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If part-time, number of hours worked per week: \_\_\_\_\_

If currently employed, may we inquire of this employer about your qualification and character? Yes: \_\_\_\_\_ No: \_\_\_\_\_

### B. NEXT RECENT EMPLOYMENT

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_ No. of employees you supervise: \_\_\_\_\_

Employer or company: \_\_\_\_\_

Address: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Phone: \_\_\_\_\_

Full-time: Years \_\_\_\_\_ Months \_\_\_\_\_ Part-time: Years \_\_\_\_\_ Months \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If part-time, number of hours worked per week: \_\_\_\_\_

### C. NEXT RECENT EMPLOYMENT

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Last Salary: \_\_\_\_\_

Name and title of supervisor: \_\_\_\_\_ No. of employees you supervise: \_\_\_\_\_

Employer or company: \_\_\_\_\_

Address: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_ Phone: \_\_\_\_\_

Full-time: Years \_\_\_\_\_ Months \_\_\_\_\_ Part-time: Years \_\_\_\_\_ Months \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

If part-time, number of hours worked per week: \_\_\_\_\_

## EDUCATION

**\*GIVE COMPLETE EDUCATIONAL HISTORY BELOW\***

High School Name: \_\_\_\_\_ Location: \_\_\_\_\_

Highest school year completed: \_\_\_\_\_

If you did not graduate, do you have a High School Equivalency (GED)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Education Beyond High School	Name and Location		Years Completed	Degree Certificate	Major Subject
College or University	Name:				
	Location:				
Graduate or Professional	Name:				
	Location:				
Other Education	Name:				
	Location:				

## Skills and Certifications

Professional License and or  
Certifications Special Training

Equipment Skills

Computer or Other Skills

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## REFERENCES

List three (3) persons living in the United States who are not related to you and who have a definite knowledge of your ability to perform the job for which you are applying. **DO NOT REPEAT NAMES OF SUPERVISORS**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_



# PRE-EMPLOYMENT AUTHORIZATION FORM

I authorize the Town of Badin to perform a Police and Records Check of my background and a Credit Check, if necessary.

**Name:** \_\_\_\_\_

**Social Security Number:**  
\_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_

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