



PO Box 464
121 South Front St.
Warsaw, NC 28398

Town of Warsaw Employment Application

(910) 293-7814
(910) 293-7701 - Fax
www.townofwarsawnc.com

INSTRUCTIONS: Applications must be completed, signed and dated to receive employment consideration. Applications not filled out completely will not be considered for employment. 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. PLEASE TYPE OR PRINT LEGIBLY.

1. PERSONAL DATA

Today's Date _____	Social Security Number _____
Last Name _____	First Name _____ MI _____
Street Address _____	
City _____	State _____ Zip _____
Telephone -- Day (____) _____ Evening (____) _____	
If no phone where can you be reached? _____	
NC Drivers License	License Number: _____ Date Issued _____
CDL: Yes No	Restrictions: _____ Current: Yes No
Citizenship: I certify that I am <input type="checkbox"/> a U.S. citizen <input type="checkbox"/> a non-citizen with permanent work authorization <input type="checkbox"/> a non-citizen with renewable work authorization	

2. WORK PREFERENCES

In general, what position or type of work are you applying for? _____
Date available to start: _____ Minimum acceptable salary _____
Are you seeking: <input type="checkbox"/> Full-time permanent <input type="checkbox"/> Part-time permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal

3. EDUCATION

HIGH SCHOOL	OR	COLLEGE – UNIVERSITY
CIRCLE NO. YEARS COMPLETED 0 1 2 3 4 GRADUATED YES NO	GED RECEIVED GED CERTIFICATE YES NO	CIRCLE NO. YEARS COMPLETED 0 1 2 3 4 GRADUATED YES NO
NAMES OF COLLEGES OR UNIV. ATTENDED UNDERGRADUATE (NAME/CITY/STATE)	MAJOR/MINOR	DATES ATTENDED FROM TO

EDUCATION (con't)

GRADUATE (NAME/CITY/STATE)					

BUSINESS, TRADE OR CORRESPONDENCE SCHOOL NAME AND LOCATION	FROM	TO	SUBJECTS	COMPLETED?
				YES NO
				YES NO
TECHNICAL – PROFESSIONAL LICENSE	NUMBER	STATE ISSUED	DATE ISSUED	CURRENT
				YES NO

4. EMPLOYMENT HISTORY

List and describe your work experience separately by title. Begin with your present position and work backwards. 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.

Currently Employed By _____ Job Title _____

Address _____ Starting Salary _____ Ending Salary _____

Telephone _____ Date Employed _____ Date Separated _____

Name and Title of Supervisor _____ Number of employees supervised by you _____

Duties and Responsibilities _____

Reason for Leaving _____

Can we contact your current employer? YES NO

Previously Employed By _____ Job Title _____

Address _____ Starting Salary _____ Ending Salary _____

Telephone _____ Date Employed _____ Date Separated _____

Name and Title of Supervisor _____ Number of employees supervised by you _____

Duties and Responsibilities _____

EMPLOYMENT HISTORY (con't)

Reason for Leaving _____

Previously Employed By _____ Job Title _____

Address _____ Starting Salary _____ Ending Salary _____

Telephone _____ Date Employed _____ Date Separated _____

Name and Title of Supervisor _____ Number of employees supervised by you _____

Duties and Responsibilities _____

Reason for Leaving _____

Previously Employed By _____ Job Title _____

Address _____ Starting Salary _____ Ending Salary _____

Telephone _____ Date Employed _____ Date Separated _____

Name and Title of Supervisor _____ Number of employees supervised by you _____

Duties and Responsibilities _____

Reason for Leaving _____

5. GENERAL QUESTIONS

- a. Have you ever been employed with the Town of Warsaw? Yes No

If yes, when and what department? _____

- b. Apart from absences for religious observations, will you accept employment requiring occasional night work or weekend work? Yes No

- c. Apart from absences for religious observations, will you accept employment requiring regular night work, weekend work, or rotating shifts? Yes No

Comments: _____

- d. Are you related by blood or marriage to any town employee? Yes No

If yes, give name, relationship and department _____

- e. Indicate equipment you operate which may be used in the type of employment you are seeking (office equipment, copiers, computer, machine tools, vehicles, cleaning equipment, construction equipment, electronic equipment). _____

- f. Indicate any information regarding your training, qualifications, and skills not covered elsewhere on this application (languages, software, special equipment etc). _____

- g. How did you learn about employment opportunities with the Town of Warsaw? _____

If your answer to any of the following questions is "YES" please attach a detailed explanation.

- h. Have you ever been fired from a job? Yes No

- i. Have you ever pled guilty to or been found guilty of any criminal offense or been convicted of any offense other than a minor traffic violation? Yes No

**NOTE: A conviction record will not necessarily exclude you from employment.

The nature of the offense, when it occurred, and its job-relatedness will be considered.

6. PERSONAL REFERENCES

Please do not list family relatives. We recommend listing persons such as co-workers, 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 and telephone numbers.

a. Name _____ Telephone _____

Address _____

b. Name _____ Telephone _____

Address _____

c. Name _____ Telephone _____

Address _____

Certification and Statement of Understanding

I certify that all of the information furnished in this employment application and its addenda are true and complete to the best of my knowledge. I understand that the Town of Warsaw may investigate the information I have furnished. I authorize any person, firm, or organization to supply any information about me concerning any past employment, military duties, convictions, or personal information to the Town of Warsaw. I further release any person, firm, or organization from any responsibility in disclosing such information, including from all liability for any damage that may result from furnishing such information to the Town.

I authorize the Town to obtain information regarding my record with the Bureau of Motor Vehicles if the position for which I am applying requires driving. I realize that any misrepresentation or false information included in the application materials or provided in the interview process can lead to the withdrawal of an offer of employment or to termination from employment. The Town of Warsaw is a drug-free workplace. Individuals offered employment by the Town of Warsaw might be required to successfully complete a pre-employment physical and drug testing. Individuals who refuse to take or who fail the drug test, after being informed, will be removed from employment consideration.

Signature _____ Date _____