

# Town of Wade



## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

**Application must be complete before considered for interview.**

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

Mailing Address \_\_\_\_\_  
Street City State Zip

Physical Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Place of Birth \_\_\_\_\_

Citizenship:  U.S. Born  U.S. Naturalized  Other-Specify \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

Referred By \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

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

Available Start Date \_\_\_\_\_

Are You Employed Now?  Yes  No

May We Contact Them?  Yes  No

If yes, where? \_\_\_\_\_

Phone Number \_\_\_\_\_

Have you Applied with the Town of Wade Before?  Yes  No

When? \_\_\_\_\_

What Position? \_\_\_\_\_

## EDUCATION

**High School**

Did You Graduate?

What Year

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

Yes or No

\_\_\_\_\_

**College**

Did You Graduate?

What Year

List Degrees Received

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

Yes or No

\_\_\_\_\_

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

## GENERAL

Do Any of Your Relatives Currently Work For Us Now? If yes, who? \_\_\_\_\_

List any job related training or education you have received \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activities (Civic, Athletic, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If required can you lift over 25 pounds? \_\_\_\_\_

If required can you lift over 50 pounds? \_\_\_\_\_

If required can you work nights and weekends? \_\_\_\_\_

*Please check all that apply*

- |                          |  |                           |
|--------------------------|--|---------------------------|
| <input type="checkbox"/> | Do you have a valid NC Driver's License? | If yes, NCDL # _____      |
| <input type="checkbox"/> | Do you have a valid CDLs?                | If yes, What Class? _____ |
| <input type="checkbox"/> | Are you First Aid/CPR Certified?         |                           |
| <input type="checkbox"/> | Are you a trained Lifeguard?             |                           |
| <input type="checkbox"/> | Can you operate a lawnmower?             |                           |
| <input type="checkbox"/> | Can you operate a weed eater?            |                           |
| <input type="checkbox"/> | Can you operate a backhoe?               |                           |
| <input type="checkbox"/> | Can you type? If so, WPM _____           |                           |
| <input type="checkbox"/> | I have Experience with Computers         |                           |
| <input type="checkbox"/> | I have Experience with Microsoft Word    |                           |
| <input type="checkbox"/> | I have Experience with Microsoft Excel   |                           |
| <input type="checkbox"/> | I have Experience with Customer Service  |                           |
| <input type="checkbox"/> | Are you a notary public?                 |                           |
| <input type="checkbox"/> | Other experience not listed _____        |                           |

**Public Works Applicants Only**

Are you Willing to Take the State Required Training to Work with Inmates? \_\_\_\_\_

Are you Willing to Work with Inmates? \_\_\_\_\_

## EMPLOYMENT HISTORY

*List below present and past employment, beginning with your most recent.*

Date Month & Year	Name and Address of Employer	Salary (upon leaving)	Position (upon leaving)	Reason for Leaving the Company
From				
To				
From				
To				
From				
To				
From				
To				
From				
To				

## REFERENCES

*Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality, and other qualities.*

Name	Address	Telephone & Years Acquainted
1		
2		
3		
4		
5		

## DRUG TEST AND CRIMINAL BACKGROUND CHECK

*I understand that ALL new hires will be required to complete a drug test along with a criminal background check. If hired, I hereby consent to a drug screening and understand that a criminal background check will be ran on me. I further understand that I if hired I will be working a 60 days probationary period; after which the Town has the right to continue or cease my employment.*

\_\_\_\_\_  
Signature of Full Name

\_\_\_\_\_  
Date

# CRIMINAL OFFENSE RECORD & DISCIPLINARY ACTIONS

*Note: Include all offenses other than minor traffic offenses.*

*Answer all the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with an criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You should answer "No" only if you have never been arrested or charged, or your record was expunged by a judge's court order.*

*(Attached extra sheets if necessary)*

Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?

Yes

No

If Yes, Please give details:

A. Offense Charged \_\_\_\_\_ Law Enforcement Agency \_\_\_\_\_

Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_

B. Offense Charged \_\_\_\_\_ Law Enforcement Agency \_\_\_\_\_

Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_

C. Offense Charged \_\_\_\_\_ Law Enforcement Agency \_\_\_\_\_

Date \_\_\_\_\_ Disposition of Case \_\_\_\_\_

## PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me.

I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason.

\_\_\_\_\_  
*Signature of Applicant*

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