



Town of Four Oaks Town Hall
 P.O. Box 610
 Four Oaks, NC 27524
 Phone: (919) 963-3112
 Fax: (919) 963--3113

Town of Four Oaks

EMPLOYMENT APPLICATION

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. Incomplete and unsigned applications will not be processed. Resumes will not be accepted in lieu of the Town of Four Oaks application.

Application information

Full name: _____ Date: _____
Last First M.I.

Address: _____ Phone: _____
Street address or P.O. Box Apt/Unit #

_____ Email: _____
City State Zip Code

Date Available: _____ S.S. no: _____ Desired salary: \$ _____

Position applied for: _____

Are you a citizen of the United States? Yes No

If no, are you authorized to work in the U.S.? Yes No

Are you related by blood or marriage to any Town employee? Yes No If yes, who? _____

Have you ever worked for this company? Yes No If yes, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain? _____

Education

High school: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No Diploma: _____
College: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No Degree: _____
Other: _____ Address: _____
From: _____ To: _____ Did you graduate? Yes No Degree: _____

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 are applying. Include skills with equipment or machines you operate. List computer skills as indicated below.

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

Please list computer knowledge and specific software skills:

References

Please list three professional references.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

Previous Employment

Record your complete work history in the spaces below (resume may be attached, however, this section must be completed). 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.

Employer:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		

Reason for leaving: _____

May we contact your previous supervisor for a reference?

Yes

No

Employer: _____
Address: _____
Job title: _____
Responsibilities:

Phone: _____
Supervisor: _____
From: _____ To: _____

Reason for leaving:

May we contact your previous supervisor for a reference?

Yes

No

Employer: _____
Address: _____
Job title: _____
Responsibilities:

Phone: _____
Supervisor: _____
From: _____ To: _____

Reason for leaving:

May we contact your previous supervisor for a reference?

Yes

No

Employer: _____
Address: _____
Job title: _____

Phone: _____
Supervisor: _____
From: _____ To: _____

Responsibilities:

Reason for leaving:

May we contact your previous supervisor for a reference?

Yes

No

Employer: _____
Address: _____
Job title: _____

Phone: _____
Supervisor: _____
From: _____ To: _____

Responsibilities:

Reason for leaving:

May we contact your previous supervisor for a reference?

Yes

No

Employer: _____

Phone: _____

Address: _____

Supervisor: _____

Job title: _____

From: _____ To: _____

Responsibilities:

Reason for leaving:

May we contact your previous supervisor for a reference?

Yes

No

Employer: _____

Phone: _____

Address: _____

Supervisor: _____

Job title: _____

From: _____ To: _____

Responsibilities:

Reason for leaving:

May we contact your previous supervisor for a reference?

Yes

No

Military Service

Branch: _____ From: _____ To: _____

Rank at discharge: _____ Type of discharge: _____

If other than honorable, explain: _____

Disclaimer and signature

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, falsified, or omitted any information during the application process, I may be disqualified for employment consideration or dismissed from employment with the Town of Four Oaks.

I authorize my current and former employers to give any information regarding my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.

I also authorize the Town of Four Oaks to conduct a Police, Court, and/or Motor Vehicle Records investigation of my background.

I also authorize schools and other educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to Town of Four Oaks representatives who are investigating my educational background.

I understand that I will be tested for drug and alcohol use. I consent to the testing and understand that the results could preclude my appointment.

Signature: _____ Date: _____

Supplement to Town of Four Oaks Employment Application

Selective Service Registration (for males ages 18-25)

If male and age 18 through 25, have you registered for Selective Service? Yes No

Males who are age 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Service Act. State law prohibits local governments from employing anyone who has not complied with this requirement. If you have not registered, you will have 30 days to comply if selected for a position as required by Federal law.

Overtime Compensation Agreement

Consistent with the provisions of the Fair Labor Standards Act, it is the Town of Four Oaks' policy to compensate non-exempt employees for overtime work with compensatory time off or overtime pay. If employed in a non-exempt position, I agree to accept, at the discretion of the Town of Four Oaks, either compensatory time off or overtime pay, as appropriate compensation for overtime work that I may be required to perform as an employee of the Town of Four Oaks.

Certification (this form must be signed)

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.

Signature

Date

Employment Background Authorization & Release

I hereby authorize Background Investigation Bureau, Inc. to obtain any and all information that pertains to my eligibility for employment. This information will include, but is not limited to, arrest, and/or criminal records, credit history, driver/motor vehicle abstract, employment verification, education verification, and social security number verification. I also understand that the information below regarding sex, race, and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency to furnish the above-mentioned information. I further authorize the procurement of the above-mentioned reports at any time during my employment or contract.

*** Please Print ALL Information Clearly ***

Personal Information (List all names used)

LAST	FIRST	MIDDLE
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Name: _____

Name: _____

Name: _____

Name: _____

Current Street Address: _____ City: _____ State: _____ Zip: _____

SSN: _____ Date of Birth: _____ Gender: _____ Race: _____

Drivers License Number: _____ State Issued: _____ Expires: _____

I state that the information provided is accurate to the best of my knowledge. I also understand that information about my background may contain negative information about my character and style of living. My signature releases any liability against Background Investigation Bureau, Inc. or its acting agents. A photo or fax copy of this release form will be valid as an original thereof, even though said copy does not contain an original writing of my signature.

Signature: _____ Date: _____

Personal & Confidential Information

Equal Employment Opportunity Voluntary Self-Identification Form

The Town of Four Oaks is an Equal Opportunity Employer. Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be separated from your employment application. Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. The Town of Four Oaks complies with the Immigration Reform and Control Act of 1986. All employees must provide documentation to verify identity and employment eligibility within the first three days of employment with the Town of Four Oaks.

Section I.

Position applied for: _____

Name: _____ Date of Application: _____
Last First Middle

Section II.

Sex: Male: Female:

Section III.

How did you learn of this opening?

- Newspaper (specify): _____
- A Town Employee
- Employment Security Commission
- Town of Four Oaks Website
- Posting in Human Resources or other Town of Four Oaks location (specify): _____
- Other: (specify): _____

Section IV.

Ethnic Category (please check one)

- White (not Hispanic origin) *Origins in any of the peoples of Europe, North Africa or Middle East*
- Black (not Hispanic origin) *Origins in any of the black racial groups of Africa*
- Hispanic *Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race*
- Asian or Pacific Islander *Origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands*
- American Indian or Alaskan Native *Origins in any of the original peoples of North America*
- Two or More Races (not Hispanic or Latino) *All persons who identify with more than one of the above five races*

Signature: _____ Date: _____