APPLICATION FOR EMPLOYMENT

Town of Mount Pleasant, North Carolina

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- APPLY FOR ONE VACANCY PER APPLICATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN THE TOWN OF MOUNT PLEASANT. MOUNT PLEASANT WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

APPLICATION FOR EMPLOYMENT

TOWN OF MOUNT PLEASANT
NORTH CAROLINA

Date of Application

Last Name	First Name	Middle Name

Address (Street number and name)	City	County

State	Zip Code	Cell Phone	Business Phone

CHECK the types of work you will accept: ☐ 1. Permanent full-time ☐ 2. Permanent part-time ☐ 3. Temporary full-time ☐ 4. Temporary part-time ☐ 5. Any of the preceding ☐ 6. Work involving Travel ☐ 7. Shift or Split Shift Work

If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.)_____

Job Applied For

Enter below the specific title and vacancy number of the job for which you are applying.

Job Title: _____

Referral Source

Please indicate your referral source: _____

If you were referred by the Employment Security Commission (Job Service) please indicate which local office**:** _____

Education

Circle highest grade 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

Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad?	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School			YES ☐ NO ☐			
College(s) University (s)			YES ☐ NO ☐			
Graduate or Professional			YES ☐ NO ☐			
Other educational, vocational school, internships, etc.			YES ☐ NO ☐			

Special training programs and seminars you have completed in the last five years (list):

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:

Membership in professional, honorary, or technical societies (list):

DO NOT COMPLETE THIS BLOCK

DEGREES AND PROFESSIONAL CREDENTIALS
☐ Have been verified
Person Responsible:

Town of Mount Pleasant	Last Name

Licenses and certifications (List, giving dates and sources of issuance):

SKILLS

CHECK the following skills, experiences, etc., which you have:

☐ Driver's License _____ (Number / State)
☐ CDL

☐ Sign Language
☐ Foreign language (specify) _____
☐ Adding Machine/calculator
☐ Microsoft Office
☐ Notary

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) ☐ YES ☐ NO (If yes, explain fully on an additional sheet.)

WORK HISTORY (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying.

Current or Last Employer:		Email Address:	
Job Title:	Supervisor's Name	Telephone Number	Number Supervised by you:
Date Employed (mo/yr)	Reason for Leaving		May We Contact Employer YES ☐ NO ☐
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Full Time Years Months			
Part Time Years Months			
If part time, number of hours worked per week:			

Employer:		Email Address:	
Job Title:	Supervisor's Name	Telephone Number	Number Supervised by you:
Date Employed (mo/yr)	Reason for Leaving		
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Full Time Years Months			
Part Time Years Months			
If part time, number of hours worked per week:			

Employer:		Address:	
Job Title:	Supervisor's Name	Telephone Number	Number Supervised by you:
Date Employed (mo/yr)	Reason for Leaving		
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
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Part Time Years Months			
If part time, number of hours worked per week:			

Town of Mount Pleasant

Town of Mount Pleasant	Last Name

Employer:	Email Address:		
Job Title:	Supervisor's Name	Telephone Number	Number Supervised by you:

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The Town of Mount Pleasant is committed to providing equal opportunities to applicants and employees without regard to race, color, age, sex (including pregnancy, gender identify and sexual orientation), gender national origin, religion, disability, military service or veteran status, genetic information or any other classification protected by applicable Federal, State, and local laws and ordinances. In compliance with the Americans with Disabilities Act, the Town of Mount Pleasant will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with Human Resources staff.

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Social Security Number (SSN)
Should you become employed with the Town of Mount Pleasant, your social security number will be required pursuant to 26 U.S.C. § 6109 for income tax purposes and pursuant to 8 C.F.R. § 274a.2 for compliance with immigration law for purposes of completing the Form I-9.

Signature of Applicant (unsigned applications will not be processed) ________________________ Date