

**Town of Wrightsville Beach**

321 Causeway Drive, P. O. Box 626, Wrightsville Beach, NC 28480  
Telephone: (910) 256-7900 FAX: (910) 256-7910

**EMPLOYMENT APPLICATION**

(Please print and answer all questions completely)

Position Title applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Name, under which you have worked or have been educated, if different from present:

\_\_\_\_\_

Address: \_\_\_\_\_  
(Street Address or PO Box) (city) (state & zip)

Telephone: Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

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

Are you 18 or older? ( ) Yes ( ) No if no, list birth date: \_\_\_\_\_

Are you a citizen of the United States? ( ) Yes ( ) No

*(Proof of citizenship or immigration status will be required upon employment)*

Driver's License No. \_\_\_\_\_ Class \_\_\_\_\_

Issued in what state? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If required for the job for which you are applying, would you have access to an automobile to carry out the duties of the position? ( ) Yes ( ) No

Have you ever worked for the Town of Wrightsville Beach before?  
( ) Yes ( ) No

Are you related by blood or marriage to any person now employed by the Town of Wrightsville Beach? ( ) Yes ( ) No

If yes, give name(s) and relationship(s) \_\_\_\_\_

\_\_\_\_\_

Are you presently employed? ( ) Yes ( ) No

Do you object if we contact your present employer? ( ) Yes ( ) No

## PERSONAL REFERENCES

Please provide the following information for four responsible persons, other than relatives or past employers, who can provide information about your character, ability, experience, personality and other qualities.

(1) Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Address \_\_\_\_\_

How Acquainted \_\_\_\_\_ Yrs. Acquainted \_\_\_\_\_

(2) Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Address \_\_\_\_\_

How Acquainted \_\_\_\_\_ Yrs. Acquainted \_\_\_\_\_

(3) Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Address \_\_\_\_\_

How Acquainted \_\_\_\_\_ Yrs. Acquainted \_\_\_\_\_

(4) Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Address \_\_\_\_\_

How Acquainted \_\_\_\_\_ Yrs. Acquainted \_\_\_\_\_

## EXPERIENCE

List your most recent experience first. Experience may be paid or unpaid, full-time, part-time, or military. Describe all of your work experience thoroughly, indicating how it relates to the position for which you are applying. Include MONTH and YEAR of your beginning and ending dates of employment or experience. Failure to provide complete information may result in disqualification of your application, or termination of any future employment.

(1) Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Telephone Number \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Job Title \_\_\_\_\_ Hours Worked \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Equipment operated: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

(2) Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Telephone Number \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Job Title \_\_\_\_\_ Hours Worked \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Equipment operated: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

(3) Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Telephone Number \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Job Title \_\_\_\_\_ Hours Worked \_\_\_\_\_

Description of Duties: \_\_\_\_\_

\_\_\_\_\_

Equipment operated: \_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

\_\_\_\_\_

**GENERAL INFORMATION**

Based upon the job description, do you believe that you are capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? ( ) Yes ( ) No

If no, which ones are you incapable of handling? \_\_\_\_\_

Would you be willing to work on weekends and during the evening?  
 ( ) Yes ( ) NO

How many days notice would you require before reporting for work? \_\_\_\_\_

Have you ever been convicted of an offense against the law other than a minor traffic violation? ( ) Yes ( ) No Please explain:

\_\_\_\_\_  
 (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.)

**EDUCATION**

(If additional space is needed, please provide on an attached sheet)

Circle the highest grade you completed in school:  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Did you graduate from high school? Did you obtain a GED certificate?

Name and location of high school attended

Name(s) and location(s) of colleges or universities attended	Major/Minor Studies	Dates Attended		Degrees	Graduation Date
		From Mo/Yr	To Mo/Yr		

Professional Certificate or license related to the job for which you are applying.				
Title			Expiration Date	

### SPECIAL TRAINING

This space is for training or education that demonstrates specific qualifications for the particular job for which you are applying. The training or education may be full-time or part-time, apprenticeships, academic courses, seminars, or other types of training. Training schools, military schools, business colleges, or special courses pertinent to the position applied for should be included. Attach additional pages, if necessary. Attach transcripts, diploma or certificate, if required by vacancy.

Course	Institution	Dates		Total Class Hours	License or Certificate Issued
		From Mo/Yr	To Mo/Yr		

### EQUIPMENT SKILLS

List any special size and/or type of equipment that you can operate, including office, computers, vehicles, construction, etc.


### ORGANIZATIONAL AFFILIATIONS

List all organizational affiliations.

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**CONDITIONS OF EMPLOYMENT**

Thank you for completing this application. You are urged to carefully read the following certification.

All the information provided by me, in this application or otherwise, is accurate and complete. I hereby give the Town of Wrightsville Beach permission to investigate any and all information contained herein or otherwise provided during the selection process. In addition, if appropriate for the position, I (A) authorize the Wrightsville Beach Police Department to obtain a copy of my driving record from the Department of Motor Vehicles; (B) agree to undergo drug screening; (C) agree to undergo a polygraph examination; and (D) agree to undergo a physical and/or psychological examination, if applicable, for position applied and credit report.

I fully understand that this application will be used only in conjunction with the position for which I am applying and that its completion neither assures me a position with the Town nor obligates the Town to me in any way.

I further understand that the failure to complete this application may render it void and that any misleading, incorrect statements, or omissions of material facts made during the selection process will subject me to disqualification, or if employed, result in my suspension or immediate discharge from employment with the Town of Wrightsville Beach. If employed, I will provide documentation establishing my identity and right to work in the United States. I agree to conform to the rules and regulations of the Town of Wrightsville Beach, or departments thereof.

I certify that I have read the foregoing statements and agree to the conditions stated therein.

Signed \_\_\_\_\_ Date \_\_\_\_\_