

APPLICATION FOR EMPLOYMENT				Town of Mayodan		Date of Application	
Last 4 digits of Social Security No.		Last Name		First Name		Middle Name	
Address (Street number and name)				City		County	
State		Zip Code		Phone number where you can be reached		Email Address	
		Are you related by blood or marriage to any person now working for Mayodan? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name, relationship to you and the department where employed.				If subject to Military Selective Service registration, certify compliance by initialing dotted line ..... .....	
<b>Military Service</b> Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you wish to declare a service-connected disability? <input type="checkbox"/> YES <input type="checkbox"/> NO At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you wish to declare eligibility for veteran's preference as the spouse of a disabled veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO Give dates of your (or spouse's) qualifying active military service: Entered: _____ Separated: _____ Branch: _____ Rank _____							
CHECK the types of work you will accept: <input type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time <input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel <input type="checkbox"/> 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.) _____ Will you accept work anywhere in N.C.? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, list below the counties in which you would be willing to work.) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____							
<b>Job Applied For</b> Enter below the specific title and vacancy number of the job for which you are applying. Job Title: _____ Vacancy Number: _____							
<b>Referral Source</b> Please indicate your referral source: _____ If you were referred by NC Workforce Solutions please indicate which local office: _____							
<b>Education</b> 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? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received	
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>				
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>				
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>				
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>				
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:							
Current professional status: (List fields of work for which you have been registered) Registration: _____ State: _____ No. _____ Registration: _____ State: _____ No. _____							
				DO NOT COMPLETE THIS BLOCK			
				DEGREES AND PROFESSIONAL CREDENTIALS <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (G.S. 126-30) Person Responsible:			

Other Licenses and certifications, including Driver License and State, if any (List, giving dates and sources of issuance):

**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:		Address:		
Job Title:		Supervisor's Name	Telephone Number:	
Date Employed (mo./yr.)		Supervisor's e-mail:	Reason for Leaving	
Date Separated (mo./yr.)		May We Contact Employer <input type="checkbox"/> YES <input type="checkbox"/> NO		
Full Time	Years	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Months				
Part Time	Years			Months
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	
Date Employed (mo./yr.)		Supervisor's e-mail	Reason for Leaving	
Date Separated (mo./yr.)		May We Contact Employer <input type="checkbox"/> YES <input type="checkbox"/> NO		
Full Time	Years	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Months				
Part Time	Years			Months
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	
Date Employed (mo./yr.)		Supervisor's e-mail	Reason for Leaving	
Date Separated (mo./yr.)		May We Contact Employer <input type="checkbox"/> YES <input type="checkbox"/> NO		
Full Time	Years	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Months				
Part Time	Years			Months
If part time, number of hours worked per week:				

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 (Authority: G.S. 126-30, G.S. 14-122.1.)

Signature of Applicant (unsigned applications will not be processed)

Date