

**APPLICATION FOR EMPLOYMENT**

**Town of Lillington**

**106 West Front Street**

**Post Office Box 296**

**Lillington, North Carolina 27546**

Position(s) applied for \_\_\_\_\_

Date \_\_\_\_\_

(Please Print)

Do not type. This application is to be completed by the individual applying for the position.

**PERSONAL**

Name \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

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

Present Mailing Address: \_\_\_\_\_

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

If none, where can you be reached by telephone: \_\_\_\_\_

Whom would you want notified in case of emergency? \_\_\_\_\_

Complete Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
(ZIP CODE)

Are you a citizen of the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Have you ever been convicted of a crime, excluding misdemeanors and minor traffic violations? If yes, describe in full \_\_\_\_\_

Are you now under charges for any offense against the law? \_\_\_\_\_

What class of driver's license do you have? \_\_\_\_\_ License Number \_\_\_\_\_

Issued in what state? \_\_\_\_\_ What is the expiration date? \_\_\_\_\_

If required of 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 Lillington? \_\_\_\_\_ Yes \_\_\_\_\_ No

What position? \_\_\_\_\_ When? \_\_\_\_\_ When did you leave? \_\_\_\_\_

Are you presently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No May we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you related by blood or marriage to any person now employed by the Town of Lillington? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give name(s) & relationships \_\_\_\_\_

If required of the job for which you are applying, would you be willing to work on weekends and during the evening? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

**EDUCATION** – Give your complete educational history below: (Verification may be required)

Elementary or High School	Name	Location	Ending Date Mo. Yr.	Circle highest school year completed 1 2 3 4 5 6 7 8 9 10 11 12
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Did you either graduate from high school or pass the High School Equivalency Test? Yes  No

Education Beyond High School	Name and Location	Attended		Circle Number Years Completed	Credit Hours	Did You Graduate	Degree or Diploma and Year Received	Major Subject
		From	To					
		Mo. Yr.	Mo. Yr.					
College or University				1 2 3 4				
Graduate or Professional				1 2 3 4				
Other Education Internship, etc.				1 2 3 4				

List fields of work for which you are licensed, registered, or certified, giving date(s) and source(s) of issuance.

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List typing and shorthand skills, machines you can operate, and other skills in which you are proficient.

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If the position applied for calls for specific training or courses, indicate training or courses and credits received.

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**MILITARY**

Were you in the US Armed Forces? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Dates of Duty from \_\_\_\_\_ to \_\_\_\_\_ Highest Rank \_\_\_\_\_ Rank at Separation \_\_\_\_\_

List Duties in Service including Special Training \_\_\_\_\_

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Are you currently a member of the military reserves or National Guard? \_\_\_\_\_ Branch? \_\_\_\_\_

Current Rank \_\_\_\_\_ Current duties and/or special training \_\_\_\_\_

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Is there any other educational or training information you feel is relevant to evaluating your qualifications for this position? \_\_\_\_\_

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**WORK EXPERIENCE** – Provide information on any work experiences you have had including Military, Volunteer, Internships, and formal employment. Begin with your present or last work experience. If more space is needed, request a continuation sheet.

A. Title of present or last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name and title of supervisor \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Dutie \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

B. Title of next to last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name and title of supervisor \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Dutie \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

C. Title of last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name and title of supervisor \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Dutie \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

D. Title of next position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name and title of supervisor \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Dutie \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

E. Title of resent or last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

Date employed		
Date separated		
Full-time	Years	Months
Part-time	Years	Months
If part-time, number of hours worked per week		

Name and title of supervisor \_\_\_\_\_ No. employees supervised by you \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Dutie \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

F. Is there any other prior employment experience information you feel is relevant to evaluating your qualification for this position?  
 \_\_\_\_\_  
 \_\_\_\_\_

**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.

- (A) Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Address \_\_\_\_\_  
How Acquainted \_\_\_\_\_ Yrs. Acquainted \_\_\_\_\_
  
- (B) Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Address \_\_\_\_\_  
How Acquainted \_\_\_\_\_ Yrs. Acquainted \_\_\_\_\_
  
- (C) Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Address \_\_\_\_\_  
How Acquainted \_\_\_\_\_ Yrs. Acquainted \_\_\_\_\_
  
- (D) Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Address \_\_\_\_\_  
How Acquainted \_\_\_\_\_ Yrs. Acquainted \_\_\_\_\_

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**CERTIFICATE OF APPLICANT**

I hereby certify that all statements on this application are true and correct to the best of my knowledge, and I agree to permit the investigation of each statement made by me hereon unless otherwise indicated. I understand that my employment may be contingent upon passing a physical examination including a substance abuse screening. Employment is also subject to an initial probationary period and verification that age and citizenship/visa status meet legal requirements. I further understand that any misstatement on this application may be cause for discharge.

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Town of Lillington, whether the said records are of a public, private, or confidential nature. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release statement will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

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Full Signature (include maiden name) \_\_\_\_\_ Date \_\_\_\_\_