



Town of Mount Gilead

110 W. Allenton Street, PO Box 325
Mt. Gilead, NC 27371
(910) 439-5111
www.mtgileadnc.com

Employment Application

NOTE: Applications must be complete in full to the best of your ability. Incomplete applications will not be considered for review.

Position Applied For _____

When will you be available for employment? _____

CONTACT INFORMATION (PLEASE PRINT CLEARLY)

NAME: _____
LAST FIRST MIDDLE SOCIAL SECURITY #

DATE OF BIRTH: ____/____/____ EMAIL: _____

PHYSICAL ADDRESS: _____
CITY STATE ZIP

MAILING ADDRESS: _____
CITY STATE ZIP

PHONE: _____ ALT PHONE: _____

DRIVERS LICENSE/ID: _____ STATE: _____ EXPIRATION: _____

BEST TIME OF DAY TO REACH YOU: _____ AM/PM (Circle One)

GENERAL INFORMATION: (Attach any additional information if needed)

a. Have you ever been employed with the Town of Mount Gilead? Yes No
(If yes, please state previous job and dates worked)

_____ Department _____ Date

b. Are you related by blood or marriage to any Town of Mount Gilead employee? Yes No
(If yes, please state name and relationship _____)

c. Have you ever been CONVICTED of a felony? Are you known by any other name or alias? Yes No
If yes, please explain details and disposition of case.

NOTE: A criminal record does not automatically disqualify you for employment consideration.

EDUCATION: (Circle Highest Level 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

Name of High School or GED _____ Did you graduate? ____ Year? _____

College or University _____ Did you graduate? ____ Year? _____

Graduate School _____ Did you graduate? ____ Year? _____

Vocational/Trade School _____ Certificate/Diploma? ____ Year? _____

(PLEASE PROVIDE COPIES OF ALL CERTIFICATES/DIPLOMAS AND/OR TRANSCRIPTS)

SKILLS AND CERTIFICATIONS:

Please list any skills, abilities, experience, licenses, certifications or special training you have had that are applicable to the position for which you are applying. Include skills with equipment or machines you have operated.

COMPUTER TECHNOLOGY/SKILLS: (For Administrative and Executive Positions)

Please describe your computer skills: **NONE/ BEGINNER/ INTERMEDIATE/ ADVANCED** (circle one)

Please list any computer/software applications and skills that you have: (ex., Microsoft outlook, word, excel, QuickBooks, etc....)

EMPLOYMENT HISTORY

Record your complete work history in the spaces below starting with your current or most recent employer. Use a separate sheet if necessary, to account for your full employment history. Please be willing to explain any gaps in employment.

MAY WE CONTACT YOUR PRESENT EMPLOYER? ____ YES ____ NO

***Employer: (Present or Most Recent)**

Address: _____

Phone #: _____

Email: _____

Name and Title of Supervisor: _____

Date of Hire: _____

Date of Termination: _____ Voluntary/Involuntary? (circle one)

Starting Salary \$ _____ per _____

Ending Salary \$ _____ per _____

Job Duties:

Reason for Leaving:

***Employer:**

Address: _____

Phone #: _____

Email: _____

Name and Title of Supervisor: _____

Date of Hire: _____

Date of Termination: _____ Voluntary/Involuntary? (circle one)

Starting Salary \$ _____ per _____

Ending Salary \$ _____ per _____

Job Duties:

Reason for Leaving:

***Employer: (CONTINUATION SHEET)**

Address: _____

Phone #: _____ Email: _____

Name and Title of Supervisor: _____

Date of Hire: _____ Date of Termination: _____ Voluntary/Involuntary? (circle one)
Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Job Duties:

Reason for Leaving:

***Employer:**

Address: _____

Phone #: _____ Email: _____

Name and Title of Supervisor: _____

Date of Hire: _____ Date of Termination: _____ Voluntary/Involuntary? (circle one)
Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Job Duties:

Reason for Leaving:

***Employer:**

Address: _____

Phone #: _____ Email: _____

Name and Title of Supervisor: _____

Date of Hire: _____ Date of Termination: _____ Voluntary/Involuntary? (circle one)
Starting Salary \$ _____ per _____ Ending Salary \$ _____ per _____

Job Duties:

Reason for Leaving:

REFERENCES

Please do not list family members. We recommend listing a mixture of people who have knowledge of your qualifications for the position for which you are applying and someone who can attest to your moral character. Please list current phone numbers and addresses/email for each reference listed.

- 1. Name: _____ Address: _____
Phone: _____ Email: _____
Relationship to Applicant: _____ How long have you known this person? _____

- 2. Name: _____ Address: _____
Phone: _____ Email: _____
Relationship to Applicant: _____ How long have you known this person? _____

- 3. Name: _____ Address: _____
Phone: _____ Email: _____
Relationship to Applicant: _____ How long have you known this person? _____

Please read and sign the statement below.

I certify that, to the best of my knowledge the information I have provided is complete and true and gives a true representation of my background and experience. I understand that if I have knowingly misrepresented or falsified any of the applicant information, I may be disqualified for employment consideration or dismissed from employment with the Town of Mount Gilead.

I authorize my current and former employers to disclose information regarding my employment, together with any professional opinions or information regarding my moral and ethical character. I hereby release them from any claim whatsoever for disclosing the same. I also authorize the Town of Mount Gilead to conduct a Police and Court Records investigation of my background.

I authorize schools and/or educational institutions to verify and/or release my scholastic achievements and credentials to the Town of Mount Gilead.

*Applicant Signature

Date

(*application not complete unless signed)