



# APPLICATION FOR EMPLOYMENT

## TOWN OF KURE BEACH

117 Settlers Lane, Kure Beach, NC 28449

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 \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

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

Current Mailing Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ Other \_\_\_\_\_

Person to be notified in case of emergency \_\_\_\_\_

Complete Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Are you a US citizen?  Yes  No If no, are you authorized to work in the US?  Yes  No

Have you ever been convicted of a crime, excluding misdemeanors and minor traffic violations?  Yes  No

If yes, describe in full \_\_\_\_\_

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

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_ Exp Dt \_\_\_\_\_

If required for job, would you have access to vehicle to carry out the duties of the position?  Yes  No

Have you ever worked for the Town of Kure Beach before?  Yes  No

If yes, in what position did you work? \_\_\_\_\_ Dates worked \_\_\_\_\_

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

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

Are you currently employed?  Yes  No Can we contact your current employer? \_\_\_\_\_

If needed, I am willing to work: (choose all that apply)  Days  Evenings  Weekends  Holidays

Available start date for position for which you are applying \_\_\_\_\_

## EDUCATION

Give your complete educational history, below. (Verification may be required)

Name of Elementary or High School \_\_\_\_\_ City & State \_\_\_\_\_

Diploma?  GED?  Circle highest school year completed 1 2 3 4 5 6 7 8 9 10 11 12

Education Beyond High School	Name of School and Location	Attended		Circle # Years Complete	Major	Degree and Year Received
		From	To			
		Mo. Yr.	Mo. Yr.			
College or University				1 2 3 4		
Graduate or Professional				1 2 3 4		
Other				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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Do you have any specific training relative to the position for which you are applying?

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## MILITARY

Were you in the US Armed Forces?  Yes  No 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?  Yes  No Branch \_\_\_\_\_

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

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Do you have any specific training or information relative to the position for which you are applying?

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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 current or last work experience. If more space is needed, you may attach a continuation sheet.

**A.** Title of present or last position \_\_\_\_\_ Starting Salary \_\_\_\_\_

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

Name & title of Supervisor \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**B.** Title of present or last position \_\_\_\_\_ Starting Salary \_\_\_\_\_

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

Name & title of Supervisor \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**C.** Title of present or last position \_\_\_\_\_ Starting Salary \_\_\_\_\_

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

Name & title of Supervisor \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**D.** Title of present or last position \_\_\_\_\_ Starting Salary \_\_\_\_\_

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

Name & title of Supervisor \_\_\_\_\_ Ending Salary \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**E.** Is there any other prior employment experience information you feel is relevant to evaluating your qualifications for this position?

\_\_\_\_\_

\_\_\_\_\_

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## PERSONAL REFERENCES

Please provide three personal references of people, 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 \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Relationship (ex.: co-worker, friend, Pastor, etc.) \_\_\_\_\_ Years Acquainted \_\_\_\_\_
  
  2. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Relationship (ex.: co-worker, friend, Pastor, etc.) \_\_\_\_\_ Years Acquainted \_\_\_\_\_
  
  3. Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Relationship (ex.: co-worker, friend, Pastor, etc.) \_\_\_\_\_ Years Acquainted \_\_\_\_\_
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## CERTIFICATE OF APPLICANT

I hereby certify that all information in this application is 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 Kure Beach, 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)

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Date