

If position applied for calls for specific courses, indicate courses and credit received. _____

SKILLS:

Indicate skills, knowledge, and abilities in the following areas which relate to the position you are applying for. Please check all that apply and that you would be able to use immediately upon employment.

Software _____

REFERENCES: List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying, such as co-workers, teachers, etc. DO NOT list supervisors you have listed elsewhere on this employment application.

Name, Occupation, and Address	Telephone	Years Known
	()	
	()	
	()	

GENERAL INFORMATION:

Do you currently work for the Town of Seven Devils? Yes No

Are you a former employee of the Town of Seven Devils? Yes No

If yes, please indicate dates of employment _____

Are you legally eligible to work in the United States? Yes No

Have you ever been convicted of a misdemeanor or a felony? (In North Carolina, a minor traffic offense not punishable by imprisonment is identified as an "infraction" and is not included in the question.) Yes No

If yes, please explain: _____

NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.

Do you have a valid driver's license? Yes No

If yes, please indicate state and number _____

EMPLOYMENT HISTORY: Use a separate section for each position. Describe in detail all work experience beginning with your present or most recent position - **OR ATTACH YOUR RESUME (preferred)**

Employer	Address	Telephone ()
Job Title	Name of Supervisor	No. Supervised by You
Job Duties (be specific)		
Date Employed (mo/yr)	Full-time or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Date Separated (mo/yr)	If part-time, no. of hours per week _____	
Starting Salary: \$ _____ per _____	Reason for leaving:	
Ending Salary: \$ _____ per _____		
Employer	Address	Telephone ()
Job Title	Name of Supervisor	No. Supervised by You
Job Duties (be specific)		
Date Employed (mo/yr)	Full-time or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Date Separated (mo/yr)	If part-time, no. of hours per week _____	
Starting Salary: \$ _____ per _____	Reason for leaving:	
Ending Salary: \$ _____ per _____		
Employer	Address	Telephone ()
Job Title	Name of Supervisor	No. Supervised by You
Job Duties (be specific)		
Date Employed (mo/yr)	Full-time or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Date Separated (mo/yr)	If part-time, no. of hours per week _____	
Starting Salary: \$ _____ per _____	Reason for leaving:	
Ending Salary: \$ _____ per _____		

Employer	Address	Telephone ()
Job Title	Name of Supervisor	No. Supervised by You
Job Duties (be specific)		
Date Employed (mo/yr)	Full-time or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Date Separated (mo/yr)	If part-time, no. of hours per week _____	
Starting Salary: \$ _____ per _____	Reason for leaving:	
Ending Salary: \$ _____ per _____		

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Date Employed (mo/yr)	Full-time or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Date Separated (mo/yr)	If part-time, no. of hours per week _____	
Starting Salary: \$ _____ per _____	Reason for leaving:	
Ending Salary: \$ _____ per _____		

CERTIFICATE OF APPLICANT

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for no definite period of time and that the Town of Seven Devils can change wages, benefits and conditions at any time.

I give the Employer the right to investigate all references and to secure additional information about me if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I have read and understand the above.

Signature of applicant _____ Date _____