



TOWN OF SEVEN DEVILS EMPLOYMENT APPLICATION

Debbie Powers, Town Manager
157 Seven Devils Road
Seven Devils, NC 28604
828-963-5343

PERSONAL DATA:

Name _____ Social Security No. _____
 Last First Middle

Mailing Address _____
 Street City State Zip

Home phone/other number where you can be reached _____ Work phone _____

Email address _____

AVAILABILITY:

When are you available to begin employment? _____

Type of Employment Desired: Full-Time Part-Time Temporary Seasonal

Position Applied For _____ Date of Application _____

EDUCATIONAL BACKGROUND:

Name and Location	Years Completed	Did you graduate?	Course of Study
High School			
College			
Other			

If you did not graduate from high school, have you passed the High School Equivalency Test? Yes No

TRAINING:

List fields of work for which you are licensed, registered, or certified. Include date of issuance, state where license was issued, and license/registration/certificate number:

(TRAINING continued from previous page)

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.

- Typing _____ wpm
- Data Entry _____ wpm
- Adding Machine/Calculator
- Computer software (specify) _____

- Computer hardware (specify) _____
- Computer operating systems/platforms (Windows 2000, MacOS, etc.) _____

- Computer programming (specify languages and equipment) _____

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 required under the Military Selective Service Act to present yourself for and submit to registration with the United States Military? Yes No
If so, have you complied with this requirement? Yes No
- 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.

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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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 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 _____