

TOWN OF MOREHEAD CITY



EMPLOYMENT APPLICATION

706 Arendell Street - Morehead City, NC 28557
252-726-6848
www.moreheadcitync.org

We welcome you as a prospective employee of the Town of Morehead City. In order to be fairly considered, answer all questions completely and accurately. No information in this application is intended to be used for discriminatory purposes. A resume may be attached, but not substituted for requested information.

CURRENT INFORMATION

Position Applied For _____ Date _____

Name _____
Last First Middle

Present Address _____
Street Number & Name/PO Box City State Zip

Telephone _____
Home Cell

Email Address _____ Date available for work _____

GENERAL INFORMATION (Circle YES or NO and attach additional sheets if needed.)

NOTE: Your responses to these questions will not necessarily exclude you from employment. The specific facts of the situation will be taken into consideration.

- ◆ Have you ever been employed with the Town of Morehead City? If yes, when and what department? _____ YES NO
- ◆ Are you related by blood or marriage to any Town of Morehead City employee? If yes, give name, relationship and department. _____ YES NO
- ◆ Have you ever been convicted of an offense against the law other than a minor traffic violation? If yes, explain. _____ YES NO
- ◆ If you are subject to Military Selective Service registration, certify compliance by initialing on dotted line
- ◆ Have you ever been disciplined by an employer for absenteeism or tardiness? YES NO
- ◆ Have you ever been discharged or asked to resign by a former employer? If so, for what reason? _____ YES NO
- ◆ Driver's license number/State/Expiration date _____

MILITARY HISTORY

- ◆ Have you ever served active duty in the United States military service? If yes, what branch? _____ YES NO
Dates of duty: From _____ To _____
- ◆ Are you presently in the reserves or have any other obligation? If yes, explain. _____ YES NO

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4

SCHOOLS	NAME & LOCATION	GRAD?	MAJOR/MINOR	TYPE OF DEGREE
High School		YES NO		
College(s) University(s)		YES NO		
Graduate or Professional		YES NO		
Other vocational, educational, technical, etc		YES NO		

Special training programs and seminars completed in the last five (5) years (list):

Licenses and certifications, especially those specific to job applied for (list with dates and sources):

Membership in professional, honorary, or technical organizations (list):

SKILLS

CHECK the following skills, experience, etc., which you have:

- | | |
|---|--|
| <input type="checkbox"/> CDL License : Type _____ | <input type="checkbox"/> Microsoft Excel |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Microsoft Access |
| <input type="checkbox"/> Foreign Language (specify) _____ | <input type="checkbox"/> Microsoft Powerpoint |
| <input type="checkbox"/> Adding Machine/Calculator | <input type="checkbox"/> MS Works |
| <input type="checkbox"/> Typing (specify WPM) _____ | <input type="checkbox"/> Other Computer Skills (specify) |
| <input type="checkbox"/> Microsoft Word | _____ |
| | _____ |
| | _____ |

EMPLOYMENT

Record your complete work history. Begin with your current or most recent employer. Attach additional information as necessary to account for your full record. Be sure to account for gaps in your employment history. Related volunteer experience should also be listed.

1) Current or Last Employer and Address:

Job Title:				Supervisor's Name:		Telephone Number:		# Supervised by You:	
Date Employed (mo/yr)		Date Separated (mo/yr)		Full Time (yr(s)/mo)		Part Time (yr(s)/mo)			
Starting Salary \$ per		Ending/Current Salary \$ per		Reason for Leaving					
List major duties in order of their importance in the job:									
MAY WE CONTACT EMPLOYER? _____ Yes _____ No									

2) Employer and Address:

Job Title:				Supervisor's Name:		Telephone Number:		# Supervised by You:	
Date Employed (mo/yr)		Date Separated (mo/yr)		Full Time (yr(s)/mo)		Part Time (yr(s)/mo)			
Starting Salary \$ per		Ending/Current Salary \$ per		Reason for Leaving					
List major duties in order of their importance in the job:									
MAY WE CONTACT EMPLOYER? _____ Yes _____ No									

3) Employer and Address:

Job Title:				Supervisor's Name:		Telephone Number:		# Supervised by You:	
Date Employed (mo/yr)		Date Separated (mo/yr)		Full Time (yr(s)/mo)		Part Time (yr(s)/mo)			
Starting Salary \$ per		Ending/Current Salary \$ per		Reason for Leaving					
List major duties in order of their importance in the job:									
MAY WE CONTACT EMPLOYER? _____ Yes _____ No									

EMPLOYMENT (continued)

4) Employer and Address:			
Job Title:	Supervisor's Name:	Telephone Number:	# Supervised by You:
Date Employed (mo/yr)	Date Separated (mo/yr)	Full Time (yr(s)/mo)	Part Time (yr(s)/mo)
Starting Salary \$ per	Ending/Current Salary \$ per	Reason for Leaving	
List major duties in order of their importance in the job:			
MAY WE CONTACT EMPLOYER? _____ Yes _____ No			

REFERENCES

Please list people such as co-workers, teachers, friends, etc., who have knowledge of your qualifications for the position for which you are applying. Do not list family relatives. Unless they can no longer be reached at the addresses listed, do not list names of the supervisors noted on your employment record.

Name	Address	Telephone #	Relationship to You

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards and others to furnish whatever detail is available relating to my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed. In addition, I authorize the Town of Morehead City to 1) require a pre-employment drug test as a condition of my employment, and 2) conduct a Court and Motor Vehicle Records investigation of my background, should this be necessary. I understand that the information I have disclosed in my application, or which I have given to a representative of the Town of Morehead City in any other form, is very important to the Town of Morehead City and that it will rely heavily upon this information in making a decision of whether to hire me or not. To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or neglectfully misrepresented, omitted or falsified any information on this application, or have made any changes to the format or wording of this form, I may be disqualified for employment consideration or dismissed from employment with the Town of Morehead City.

Signature of Applicant (unsigned applications will not be processed) _____
Date

Thank you for your interest in a position with the Town of Morehead City. Although everyone who applies cannot be hired, your application will be given every consideration.

Town of Morehead City is an equal opportunity employer and provider.

SUPPLEMENT TO TOWN OF MOREHEAD CITY EMPLOYMENT APPLICATION

The Town of Morehead City is an Equal Opportunity Employer. In accordance with applicable laws and regulations, the City does not discriminate on the basis of race, color, national origin, gender, age, religion, political affiliation, sexual orientation, or disability. In order to comply with United States Government Equal Employment Opportunity requirements, all applicants for employment are requested to complete this form. Data collected will be used for statistical reporting purposes and to measure the effectiveness of recruitment efforts and selection procedures. This information is requested on a voluntary basis, will be kept confidential, and is not available to hiring authorities. Refusing to provide the information will not result in any adverse treatment with respect to the employment or selection process.

PERSONAL DATA

Position Applied For: _____ Date: _____

Name: _____
Last First Middle Initial

SEX

Male Female

RACIAL/ETHNIC IDENTITY

Asian/Islander Black/African American Hispanic/Latino Native American
 White/Caucasian Multi-Racial Other _____
(Please Specify)

HOW DID YOU LEARN OF THIS JOB OPENING?

Morehead City Web Site Employment Security Commission
 Internal Job Posting City Employee Referral
 Walk-in Personal Referral
 Newspaper _____ Other _____
(Please Specify) (Please Specify)