



EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

www.townofshallotte.org

Applications may be mailed to: P.O. Box 2287, Shallotte NC 28459-2287, or hand delivered to: 106 Cheers St, Shallotte, NC 28470.

Fill out all sections **COMPLETELY** and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. **Unsigned, or incomplete applications will not be considered.** Once submitted, application materials become the property of the Town. An application must be received in Town Hall by 5p.m. on the closing date posted to ensure consideration. The Town does **not** accept FAXED applications. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," **APPLY IMMEDIATELY.**

Application information

Full name:		Date:	
	<i>Last</i> <i>First</i> <i>M.I.</i>		
Address:		Phone:	
		Email:	

Date Available:		Position Applied For:		Desired salary:	\$
Seeking Employment Type:	<input type="checkbox"/> Full-time regular	<input type="checkbox"/> Part-time regular	<input type="checkbox"/> Temp/Prefer Regular	<input type="checkbox"/> Temporary Only	
Are you able to perform all the duties of the job you have applied for?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you willing to accept a salary within the advertised normal starting salary range?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Are you 18 or older?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If no, what is your birthdate?
Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, are you authorized to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you applied to the Town of Shallotte before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what position and when?
Have you ever been employed by Town of Shallotte?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, when?
Are you now or were you previously related in any way to a Town employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, give name, relationship, and dept.
Did you receive your education or employment experience under another name?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, explain?

Apart from absences for religious observances, please check conditions you are willing to accept.

Type of Work:	Occasionally	Regularly	Frequently
Night work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotating Shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education

Provide your complete history

School (Name & Location)		# of Years Completed	Completed	Major/Minor
High School			<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
College or University			<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
Graduate or Professional Schools			<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	
Technical Institutes, Internship or Other			<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____	

Knowledge, Skills, & Abilities

Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. If you wish consideration for a secretarial/clerical position, indicate typing speed and word processing software packages known and/or used.

1.		5.	
2.		6.	
3.		7.	
4.		8.	

Registrations, Licenses, & Certifications

Please list fields of work for which you have been registered, licensed, or certified:

Registration:		State:		No:	
Registration:		State:		No:	
Other:					

Please List your VALID DRIVER'S LICENSE NUMBER and state (If you do not have a driver's license, please put "NONE" in the blank)	Number:		State:	
Is your driver's license a Commercial Driver's License?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If YES , indicate class:	

Previous Employment

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable).** "See attached resume" is NOT acceptable in the duties space.

1) Current or MOST RECENT employment (or explain gap in employment)

Job Title		Starting Salary		Last Salary	
Employer		Date Employed		Date Separated	
Employer Address					
Supervisor		Phone			
Full-time for:	YRS_____ MOS_____	Part-time for:	YRS_____ MOS_____	# of Employees supervised by you	
If you worked part-time, number of hours worked per week					
Responsibilities:					
Reason for leaving:					

2) NEXT MOST RECENT employment (or explain gap in employment)

Job Title		Starting Salary		Last Salary	
Employer		Date Employed		Date Separated	
Employer Address					
Supervisor		Phone			
Full-time for:	YRS_____ MOS_____	Part-time for:	YRS_____ MOS_____	# of Employees supervised by you	
If you worked part-time, number of hours worked per week					
Responsibilities:					
Reason for leaving:					

3) NEXT MOST RECENT employment (or explain gap in employment)

Job Title		Starting Salary		Last Salary	
Employer		Date Employed		Date Separated	
Employer Address					
Supervisor		Phone			
Full-time for:	YRS_____ MOS_____	Part-time for:	YRS_____ MOS_____	# of Employees supervised by you	
If you worked part-time, number of hours worked per week					
Responsibilities:					
Reason for leaving:					

4) NEXT MOST RECENT employment (or explain gap in employment)

Job Title		Starting Salary		Last Salary	
Employer		Date Employed		Date Separated	
Employer Address					
Supervisor		Phone			
Full-time for:	YRS_____ MOS_____	Part-time for:	YRS_____ MOS_____	# of Employees supervised by you	
If you worked part-time, number of hours worked per week					
Responsibilities:					
Reason for leaving:					

5) NEXT MOST RECENT employment (or explain gap in employment)

Job Title		Starting Salary		Last Salary	
Employer		Date Employed		Date Separated	
Employer Address					
Supervisor		Phone			
Full-time for:	YRS_____ MOS_____	Part-time for:	YRS_____ MOS_____	# of Employees supervised by you	
If you worked part-time, number of hours worked per week					
Responsibilities:					
Reason for leaving:					

6) NEXT MOST RECENT employment (or explain gap in employment)

Job Title		Starting Salary		Last Salary	
Employer		Date Employed		Date Separated	
Employer Address					
Supervisor		Phone			
Full-time for:	YRS_____ MOS_____	Part-time for:	YRS_____ MOS_____	# of Employees supervised by you	
If you worked part-time, number of hours worked per week					
Responsibilities:					
Reason for leaving:					

If **YES** to any of the questions below, please explain under the “EXPLANATIONS” section given. Please note a **YES** to any of these questions, does not automatically disqualify you.

(1) Have you had disciplinary action taken against you in the past 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(2) Have you ever been dismissed or forced to resign from any job held?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(3) Were you dismissed or forced to resign for disciplinary reasons?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(4) May we contact your present employer for reference prior to an interview (if granted)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

EXPLANATIONS

Item # _____	
Item # _____	
Item # _____	
Item # _____	

Certification and Release (MUST BE SIGNED AND DATED BELOW)

- 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 negligently misrepresented, falsified, or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town of Shallotte; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review the information the Town receives from an employer or educational institution under a promise of confidentiality.
- I also permit the Town of Shallotte to conduct a Police, Court, Credit, and/or Motor Vehicle Records Investigation of my background where related to the job for which I am applying.
- I understand that by applying, I will be tested for drug and alcohol use to determine if I am currently using or abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by the Town of Shallotte, then I serve “at will”. This means that I may be terminated at any time. I further understand that this “at will employment relationship may not be changed by any written document unless such change is specifically approved by the Town Manager.

Signature: _____ **Date:** _____

SUPPLEMENT TO TOWN OF SHALLOTTE EMPLOYMENT APPLICATION

The Town of Shallotte is an Equal Opportunity Employer. Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. **This form will be separate from your employment application.** Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. It will be maintained in personnel files which must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of state general statutes

Date of Application		Position Applied For:	
Full name:			
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Ethnicity	<input type="checkbox"/> White - Origins in any of the original peoples of Europe, North Africa, or the Middle East		
	<input type="checkbox"/> Black - Origins in any of the Black racial groups of Africa (Not Hispanic)		
	<input type="checkbox"/> Hispanic - Mexican, Puerto Rican, Cuban, Central, or South American, or other Spanish Culture or origin regardless of race		
	<input type="checkbox"/> Asian or Pacific Islander - Origins in the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.		
	<input type="checkbox"/> American Indian or Alaskan Native - Origins in any of original peoples of North America		
How did you learn about this job opening?			
	<input type="checkbox"/> Newspaper - Specify:	<input type="checkbox"/> Job Line	
	<input type="checkbox"/> Employment Security Commission	<input type="checkbox"/> Came to Municipal Building	
	<input type="checkbox"/> Employment Interest Card	<input type="checkbox"/> Employment Opportunity List - Specify:	
	<input type="checkbox"/> Internet	<input type="checkbox"/> Other - Specify:	

DRUG SCREENING

All **FINAL** applicants must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

OVERTIME COMPENSATION AGREEMENT

For Employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we generally allow the employee to choose between time off or pay for overtime worked. However, either is subject to supervisory approval and may be affected by budgetary constraints.

SELECTIVE SERVICE REGISTRATION

If MALE and age 18 to 26, have you registered for Selective Service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**If not, you will have 30 days to comply if selected for a position as required by Federal Law

CERTIFICATION (THIS FORM MUST BE SIGNED)

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.

Signature:	Date:
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