

## EMPLOYMENT APPLICATION

### Town of Wingate, North Carolina

We consider applicants for vacant positions without regard to race, color, religion, sex, national origin, age, marital, veteran status, disability, or any other legally protected status. It is the responsibility of each applicant to notify us if any reasonable accommodations are necessary to allow completion of the application process.

POSITION APPLIED FOR	DATE		
FULL NAME (LAST, FIRST, MIDDLE)	HOME PHONE	WORK PHONE	CELL PHONE
STREET ADDRESS	CITY, STATE AND ZIP		
DRIVERS LICENSE NUMBER	STATE		

Are you at least 18 years of age? If no, you must provide required proof of your eligibility to work.  YES  NO

Have you ever filed an application with the Town of Wingate before? If yes, give date: \_\_\_\_\_  YES  NO

Are you currently employed?  YES  NO

May we contact your present employer about your qualifications and work history?  YES  NO

May we contact your previous employers about your qualifications and work history?  YES  NO

Are you a male between the ages of 18 and 26? If yes, have you registered for military service? (Proof is required).  YES  NO

Are you a citizen of the US or are you legally authorized to work in the US?  YES  NO  
(Proof of citizenship or immigration status will be required prior to employment).

Do you have any relative(s) employed by this municipality?  YES  NO  
If yes, please provide relative's name and department and indicate your relationship to that person:

\_\_\_\_\_  
 Have you been convicted of an offense other than a minor traffic violation? If yes, please explain:  YES  NO

\_\_\_\_\_  
(A conviction does not mean that you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying).

Have you ever used a name other than the one shown on this application?  YES  NO  
If yes, please indicate the name(s): \_\_\_\_\_

When would you be available to start work? \_\_\_/\_\_\_/\_\_\_

What is your desired salary range? \_\_\_\_\_

Are you available to work:  FULL-TIME  
 PART-TIME  
 TEMPORARY

List your entire work experience record below. Start with your present or last position and work back in time. Include any military service assignments and any self-employment. Please account for periods of unemployment. Separate sheets with additional information may be attached. Resumes may also be attached.

**EMPLOYMENT EXPERIENCE**

EMPLOYER:

ADDRESS:

TELEPHONE:

JOB TITLE:

SUPERVISOR:

SALARY:

DATES EMPLOYED (GIVE MONTH & YEAR):

REASON FOR LEAVING:

DUTIES PERFORMED:

**EMPLOYMENT EXPERIENCE**

EMPLOYER:

ADDRESS:

TELEPHONE:

JOB TITLE:

SUPERVISOR:

SALARY:

DATES EMPLOYED (GIVE MONTH & YEAR):

REASON FOR LEAVING:

DUTIES PERFORMED:

**EMPLOYMENT EXPERIENCE**

EMPLOYER:

ADDRESS:

TELEPHONE:

JOB TITLE:

SUPERVISOR:

SALARY:

DATES EMPLOYED:

REASON FOR LEAVING:

WORK PERFORMED:

**EMPLOYMENT EXPERIENCE**

EMPLOYER:

ADDRESS:

TELEPHONE:

JOB TITLE:

SUPERVISOR:

SALARY:

DATES EMPLOYED:

REASON FOR LEAVING:

WORK PERFORMED:

**EDUCATION HISTORY**

	SCHOOL NAME & LOCATION	DATES ATTENDED	MAJOR & DEGREE (IF APPLICABLE)
ELEMENTARY SCHOOL			
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
GRADUATE SCHOOL			
DOCTORATE			
BUSINESS/TRADE/MILITARY			

List any apprenticeships or vocational training:	
List any professional registrations, licenses or certifications:	
List any other training, classes, or workshops you have attended that are related to the position applied for:	
State any additional information you feel may be helpful to us in considering your application:	

**SPECIAL SKILL AND QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from employment of other experience.


Have you ever had any job-related training in the United States military? If yes, please describe below.  Yes  No


**REFERENCES (LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT FORMER EMPLOYERS).**

NAME	ADDRESS	TELEPHONE NUMBER

**SPECIALIZED SKILLS**

PC/MAC \_\_\_\_\_ WORD PROCESSING \_\_\_\_\_  
TYPEWRITER \_\_\_\_\_ SHORTHAND FOREIGN \_\_\_\_\_  
WPM \_\_\_\_\_ LANGUAGE OTHER \_\_\_\_\_  
SPREADSHEET \_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge. I authorize any investigation of all statements contained in this application and release of pertinent information to the Town of Wingate as may be necessary in arriving at an employment decision. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in my dismissal. I understand, also, that I am required to abide by all rules and regulations of the Town of Wingate.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed applications in person, by mail, or by fax to:

**Physical Address:**  
Wingate Town Hall  
3918 US Highway 74 East  
Wingate, NC 28174  
Fax: (704) 233-4412

**Mailing Address:**  
Town of Wingate  
PO Box 367  
Wingate, NC 28174

**OFFICE USE ONLY**

Arrange Interview?      Yes      No

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed:      Yes      No

Date of Employment: \_\_\_\_\_ Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_