

# APPLICATION FOR EMPLOYMENT

## APPLICATION PROCEDURES

1. Town of Coats Applications are accepted for current vacancies only.
2. A separate application must be completed for each vacancy and photocopies are acceptable with original signature. Applications submitted become property of the town and will not be returned.
3. Please review the education and experience requirements for each position. These are minimum standards that applicants must meet or exceed to be given consideration for employment.
4. Applications must be received in the Clerks Office no later than 5:00 PM on the established closing date. Faxed applications are accepted but **must** be followed up with an original.
5. You **must** complete all parts of the application. (Resumes are welcome as a supplement, but may not be submitted in place of the employment application.) Failure to respond to all parts of the application will result in your not being considered for the vacancy.
6. Applicants will be required to furnish documentation certifying their identity and eligibility to work in the United States as a condition of employment.

*We thank you for your interest in employment with the Town of Coats. Our interest and efforts are to find the best qualified individuals to serve our citizens. Although everyone who applies cannot be hired, your application will be given every consideration. Applicants will be notified when the position has been filled.*

Job Title Applying for:	Dept.:	Date:
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## PERSONAL DATA

	First Name:	Middle Name:	Last Name:
Mailing Address:		City:	
State:	Zip Code:	County:	
Telephone: (home or other number you can be reached )		Telephone: (business)	

## EDUCATION

Schools	Circle Years Completed					School Name and Location	Dates Attended		S/Q Hours	Degree Received	Major/Minor Coursework
	9	10	11	12	GED		From:	To:			
High School											
Vocational/ Technical School		1		2							
College University	1	2	3	4							
Graduate/ Professional	1	2	3	4							

**Town of Coats**  
**P.O. Box 675**  
**237 N McKinley St, Coats NC 27521**

**PHONE: (910) 897-5183**  
**FAX: (910) 897-2662**

## EMPLOYMENT HISTORY

In the space below, give your employment history beginning with your current and most recent employer. Include periods of unemployment, military, self-employment, summer and significant volunteer work. Indicate whether employment was full-time or part-time, and if part-time state the average number of hours worked per week.

May we contact your present employer?  Yes  No

<b>A. Employer:</b>	Address:	Phone:
Job Title:	Name of Supervisor:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary: \$            per	Ending Salary: \$            per
	Reason for leaving:	
Date Separated (mo/yr):	Job Duties: (be specific)	
Full Time # Years    # Months		
Part Time # Years    # Months		
If part time, # of hours per week:		

<b>B. Employer:</b>	Address:	Phone:
Job Title:	Name of Supervisor:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary: \$            per	Ending Salary: \$            per
	Reason for leaving:	
Date Separated (mo/yr):	Job Duties: (be specific)	
Full Time # Years    # Months		
Part Time # Years    # Months		
If part time, # of hours per week:		

<b>C. Employer:</b>	Address:	Phone:
Job Title:	Name of Supervisor:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary: \$            per	Ending Salary: \$            per
	Reason for leaving:	
Date Separated (mo/yr):	Job Duties: (be specific)	
Full Time # Years    # Months		
Part Time # Years    # Months		
If part time, # of hours per week:		

## EMPLOYMENT HISTORY CONTINUED

D. Employer:	Address:	Phone:
Job Title:	Name of Supervisor:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary: \$            per	Ending Salary: \$            per
	Reason for leaving:	
Date Separated (mo/yr):	Job Duties: (be specific)	
Full Time # Years    # Months		
Part Time # Years    # Months		
If part time, # of hours per week:		

E. Employer:	Address:	Phone:
Job Title:	Name of Supervisor:	No. Supervised by you:
Date Employed (mo/yr):	Starting Salary: \$            per	Ending Salary: \$            per
	Reason for leaving:	
Date Separated (mo/yr):	Job Duties: (be specific)	
Full Time # Years    # Months		
Part Time # Years    # Months		
If part time, # of hours per week:		

State briefly why you are applying for this position:

## SKILLS

List fields of work for which you are licensed, registered or certified, giving date(s) and source(s) of issuance.
If the position applied for calls for specific courses, please indicate those taken and credit hours received.
Please check all that apply and that you would be able to use immediately upon employment :
<input type="checkbox"/> Driver's license Number _____ State _____ <span style="margin-left: 200px;"><input type="checkbox"/> Adding machine/calculator</span>
List states you have been licensed to drive in the past 7 years <span style="margin-left: 200px;"><input type="checkbox"/> Typing (_____/wpm)</span>
<input type="checkbox"/> Computer <span style="margin-left: 200px;"><input type="checkbox"/> Shorthand/Speedwriting (_____/wpm)</span>
<input type="checkbox"/> Software (please list): _____ <span style="margin-left: 200px;"><input type="checkbox"/> Other (please list) _____</span>

## GENERAL INFORMATION

When will you be available for employment? \_\_\_\_\_

Are you a United States Citizen or legal alien authorized to work in the United States?  Yes  No

If you are subject to Selective Service Registration Requirement, are you in compliance?  Yes  No

Are you seeking:  Full Time  Part-time  Temporary

Do you now work for the Town of Coats?  Yes  No

Are you a former Town of Coats Employee?  Yes  No

If yes, please indicate Department: \_\_\_\_\_ Date terminated: \_\_\_\_\_

Reason for termination: \_\_\_\_\_

Are you related by blood or marriage to any person now employed by the Town?  Yes  No

If yes, indicate Name: \_\_\_\_\_ Department: \_\_\_\_\_

Do you have any health problems or physical limitations that would prevent you from performing the job for which you are applying?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been charged with an offense against the law other than a minor traffic violation?  
 Yes  No

If yes, please explain: \_\_\_\_\_

(additional information may be submitted on a supplemental sheet)

## 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** repeat the names of supervisors previously listed.

Names	Address	Phone

## CERTIFICATE OF APPLICANT

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. In addition, I give the following Authorization to Release information: I hereby authorize my previous employers, personal references listed, and other persons or institutions shown on my application to provide the Town of Coats any information requested. I further authorize the Town of Coats to conduct a Police and Court Records investigation of my background. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(unsigned applications will not be processed)

### BEFORE SUBMITTING YOUR APPLICATION, PLEASE CHECK TO SEE THAT YOU HAVE:

1. Listed correctly your phone number or number where you can be contacted.
2. Listed your zip code correctly.
3. Given complete information on your training, education and work experience relevant to position.
4. Signed and dated your application. Unsigned applications will not be processed.

**An Equal Opportunity Employer**