



APPLICATION FOR EMPLOYMENT

Job Title Applying for:	Dept.	Date:
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PERSONAL DATA

DOB:	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
			From:	To:			
High School	9 10 11 12 GED						
Vocational/ Technical School	1 2						
College University	1 2 3 4						
Graduate/ Professional	1 2 3 4						

Town of Coats
P.O. Box 675
25 E Main 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

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

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

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

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: <hr/> <hr/> <hr/> <hr/> <hr/>
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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 _____ List states you have been licensed to drive in the past 7 years _____ <input type="checkbox"/> Computer <input type="checkbox"/> Software (please list): _____
<input type="checkbox"/> Adding machine/calculator <input type="checkbox"/> Typing (_____/wpm) <input type="checkbox"/> Shorthand/Speedwriting (_____/wpm) <input type="checkbox"/> Other (please list) _____

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: _____

An Equal Opportunity Employer