

TOWN OF ST. PAULS  
PO BOX 364  
ST. PAULS, NC 28384

APPLICATION FOR EMPLOYMENT

POSITION APPLYING FOR: \_\_\_\_\_

PERSONAL

1. NAME \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
  
Nicknames or  
Aliases \_\_\_\_\_ Phone# \_\_\_\_\_
2. Present Mailing Address: \_\_\_\_\_
3. Present Physical Address: \_\_\_\_\_
4. Citizenship: US CITIZEN \_\_\_\_\_ US NATURALIZED \_\_\_\_\_ OTHER-SPECIFY \_\_\_\_\_
5. Have you previously submitted an application for employment? \_\_\_\_\_  
  
If yes, approximately when? \_\_\_\_\_

EDUCATION

6. Highest Grade Completed: \_\_\_\_\_
7. Schools Attended: \_\_\_\_\_
8. If you did not graduate from high school, have you passed the General Educational Development (GED) test? YES \_\_\_\_\_ NO \_\_\_\_\_
9. Please provide any certifications, licenses, additional training that would be beneficial to the job you are applying for? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY**

10. Are you related by blood or marriage to any person(s) now employed by the Town of St. Pauls?

YES\_\_\_ NO\_\_\_ if yes, give name and details:\_\_\_\_\_

**WORK HISTORY**

11. Have you been discharged or requested to resign from any position because of criminal or personal misconduct or rules of violation? If yes, give details\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. List of Jobs you have held in the last ten years beginning with your present job first.

A. Employer\_\_\_\_\_ Position\_\_\_\_\_

Date Employed\_\_\_\_\_ Date Separated\_\_\_\_\_

Full Time\_\_\_\_\_ Part Time\_\_\_\_\_ Salary\_\_\_\_\_

Employer\_\_\_\_\_ Address\_\_\_\_\_

Phone\_\_\_\_\_ Reason for Leaving\_\_\_\_\_

Description of Duties:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. Employer\_\_\_\_\_ Position\_\_\_\_\_

Date Employed\_\_\_\_\_ Date Separated\_\_\_\_\_

Full Time\_\_\_\_\_ Part Time\_\_\_\_\_ Salary\_\_\_\_\_

Employer\_\_\_\_\_ Address\_\_\_\_\_

Phone \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Description of Duties: \_\_\_\_\_

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C. Employer \_\_\_\_\_ - Position \_\_\_\_\_

Date Employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Salary \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Description of Duties: \_\_\_\_\_

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D. Employer \_\_\_\_\_ Position \_\_\_\_\_

Date Employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Salary \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Description of Duties: \_\_\_\_\_

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13. List office equipment, construction equipment, etc. that you are certified to operate \_\_\_\_\_  
\_\_\_\_\_

14. Have you ever served in the military or other military organization? \_\_\_\_\_

15. Was your discharge honorable? \_\_\_\_\_  
If no, explain \_\_\_\_\_  
\_\_\_\_\_

16. List any volunteer activities that could be considered relevant to your employment. \_\_\_\_\_  
\_\_\_\_\_

**CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS**

**Note: INCLUDE ALL OFFENSES OTHER THAN MINOR TRAFFIC OFFENSES. THE FOLLOWING ARE NOT MINOR TRAFFIC OFFENSES AND MUST BE LISTED BELOW: DWI, DUI OR FAILURE TO STOP IN THE EVENT OF AN ACCIDENT. DRIVING WHILE LICENSE PERMANENTLY REVOKED AND SPEEDING AT LEAST 15 MPH OVER THE LIMIT TO ELUDE ARREST.**

**ANSWER ALL OF THE FOLLOWING QUESTIONS COMPLETELY AND ACCURATELY. ANY FALSIFICATION OR MISSTATEMENTS OF FACTS MAY BE SUFFICIENT TO DISQUALIFY YOU. IF ANY DOUBT EXISTS IN YOUR MIND AS TO WHETHER AN OFFENSE REMAINS ON RECORD, YOU SHOULD ANSWER "YES". YOU SHOULD ANSWER "NO" ONLY IF YOU HAVE NEVER BEEN ARRESTED OR CHARGED, OR YOUR RECORD HAS BEEN EXPUNGED BY A JUDGE'S COURT ORDER.**

17. Have you ever been arrested by law enforcement officer or otherwise charged with a criminal offense? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, provide the following details for each offense: Use back of application if necessary

OFFENSE CHARGED \_\_\_\_\_  
LAW ENFORCEMENT AGENCY \_\_\_\_\_  
DATE \_\_\_\_\_ DISPOSITION OF CASE \_\_\_\_\_

18. Have you been charged with or convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, give details \_\_\_\_\_

19. Have you ever been placed on probation? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, give details \_\_\_\_\_

20. Do you possess a valid NC drivers' license? YES \_\_\_\_\_ NO \_\_\_\_\_ CDL? YES \_\_\_\_\_ NO \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Year Issued \_\_\_\_\_

21. Do you possess a driver's license in any other state? YES\_\_\_\_\_ NO\_\_\_\_\_

If yes, which state and driver's license number State:\_\_\_\_\_DL#\_\_\_\_\_

22. Has your license been suspended or revoked? YES\_\_\_\_\_ NO\_\_\_\_\_

If yes, which state and give reasons \_\_\_\_\_

23. Has your driving licenses been restricted? YES\_\_\_\_\_ No\_\_\_\_\_ If yes, give

details\_\_\_\_\_

**REFERENCES:**

Give the names of three responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, etc.

Name	Address	Telephone#
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**I HEREBY CERTIFY THAT EACH AND EVERY STATEMENT MADE ON THIS FORM IS TRUE AND COMPLETE AND I UNDERSTAND THAT ANY MISSTATEMENT OR OMISSION OF INFORMATION WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL.**

\_\_\_\_\_  
Signature in full

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Signature Above