



TOWN OF OAK ISLAND

Employment Application

An Equal Opportunity Employer

Thank you for applying for employment with the Town of Oak Island. **PLEASE NOTE:** We accept Employment Applications for job vacancies ONLY. Employment Applications may be mailed to: Town of Oak Island Human Resources, 4601 E Oak Island Dr. Oak Island, NC 28465. Visit our web site at www.oakislandnc.com for an online application.

Fill out all sections COMPLETELY and to the best of your ability. Unsigned, or incomplete applications WILL NOT be considered. The Town does accept faxed applications at 910-278-9542.

CURRENT INFORMATION

1. Position Applied For: _____ Date: _____
2. When will you be available for employment? _____
3. Are you seeking: Full-time regular Part-time regular Temporary
4. Name: _____
(Last) (First) (Middle)
5. Address: _____
Street & No. or PO Box City State Zip
6. Telephone: _____ / _____ Email Address: _____
Home Work
7. Are you 18 or older? Yes No If NO, what is your birth date? _____

GENERAL INFORMATION

8. Have you ever been employed with the Town of Oak Island? Yes No
If YES, what department and when? _____
9. Have you ever applied with the Town of Oak Island? Yes No
If YES, When and What Position? _____
10. Apart from absences for religious observations, will you accept employment requiring occasional night work, overtime, weekend work, "on-call" work? Yes No
11. Are you now or were you previously related in any way to a Town employee? Yes No
If YES, give name, relationship and department: _____
12. Are you able to perform all of the duties of the job you have applied for? Yes No
13. Are you an American citizen or do you currently have authorization to work in the U.S.? Yes No
14. Have you ever been convicted of a felony? If YES, please explain below. NOTE: A conviction record will not necessarily exclude you from employment. Age at time of offense, rehabilitation efforts, length of time since offense, and nature of the crime will be taken into consideration. Yes No
- Explanation: _____

EDUCATION

15. List highest school year completed (i.e. 8,12,16) _____
16. Name of High School _____ City _____ State _____
17. Have you received a high school diploma or equivalent? Yes No
18. Education Beyond High School (complete information below): If none, proceed to Question 19.

<u>College(s) and/or University(ies):</u>	<u>Did you Graduate?</u>	<u>Credit Hrs:</u>	<u>Degree, Diploma or Certificate</u>
<u>Name and Location:</u>	<u>Dates Attended (Mo/Yr):</u>		
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

<u>Graduate or Professional Schools:</u>	<u>Did you Graduate?</u>	<u>Credit Hrs:</u>	<u>Degree, Diploma or Certificate</u>
<u>Name and Location:</u>	<u>Dates Attended (Mo/Yr):</u>		
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

<u>Technical Institutes, Internships, Other</u>	<u>Did you Graduate?</u>	<u>Credit Hrs:</u>	<u>Degree, Diploma or Certificate</u>
<u>Name and Location:</u>	<u>Dates Attended (Mo/Yr):</u>		
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

KNOWLEDGE, SKILLS, and ABILITIES

19. 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 are applying for a secretarial/clerical position, please list your typing speed and any word processing software packages used.

_____	_____
_____	_____
_____	_____
_____	_____

SPECIAL CERTIFICATIONS, REGISTRATIONS and LICENSES

20. List fields of work for which you have been certified, registered, or licensed:

Registration: _____ State: _____ No: _____ Exp. Date: _____

Registration: _____ State: _____ No: _____ Exp. Date: _____

Other: _____

21. Please list your VALID DRIVER'S LICENSE NUMBER and the state in which it was issued. If you do not have a driver's license, please put "NONE" in the blank.

License Number: _____ State: _____ Exp.: _____

22. Do you have a Commercial Driver's License? Yes No If YES, what class? _____

EMPLOYMENT HISTORY

Please list your complete work history below. Your work history should be fully documented and should NOT reference or refer to an attached resume.

I. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title: _____ Starting salary: _____ Last salary: _____
Date Hired: _____ Date Separated: _____
Employer or Company Name: _____
Employer Address: _____
Name and Title of Supervisor: _____
Full-time for: Yrs _____ Mos _____ Part-time for: Yrs _____ Mos _____
Job Duties in Order of Importance

Reason for Leaving or Desiring a Change: _____

II. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title: _____ Starting salary: _____ Last salary: _____
Date Hired: _____ Date Separated: _____
Employer or Company Name: _____
Employer Address: _____
Name and Title of Supervisor: _____
Full-time for: Yrs _____ Mos _____ Part-time for: Yrs _____ Mos _____
Job Duties in Order of Importance

Reason for Leaving or Desiring a Change: _____

III. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title: _____ Starting salary: _____ Last salary: _____
Date Hired: _____ Date Separated: _____
Employer or Company Name: _____
Employer Address: _____
Name and Title of Supervisor: _____
Full-time for: Yrs _____ Mos _____ Part-time for: Yrs _____ Mos _____
Job Duties in Order of Importance

Reason for Leaving or Desiring a Change: _____

IV. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title: _____ Starting salary: _____ Last salary: _____
Date Hired: _____ Date Separated: _____
Employer or Company Name: _____
Employer Address: _____
Name and Title of Supervisor: _____
Full-time for: Yrs _____ Mos _____ Part-time for: Yrs _____ Mos _____
Job Duties in Order of Importance

Reason for Leaving or Desiring a Change: _____

V. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title: _____ Starting salary: _____ Last salary: _____

Date Hired: _____ Date Separated: _____

Employer or Company Name: _____

Employer Address: _____

Name and Title of Supervisor: _____

Full-time for: Yrs _____ Mos _____ Part-time for: Yrs _____ Mos _____

Job Duties in Order of Importance

Reason for Leaving or Desiring a Change: _____

VI. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title: _____ Starting salary: _____ Last salary: _____

Date Hired: _____ Date Separated: _____

Employer or Company Name: _____

Employer Address: _____

Name and Title of Supervisor: _____

Full-time for: Yrs _____ Mos _____ Part-time for: Yrs _____ Mos _____

Job Duties in Order of Importance

Reason for Leaving or Desiring a Change: _____

*Please copy and add additional sheets if needed for work history.

23. Have you ever been dismissed or forced to resign from any job held? Yes No

Were you dismissed or forced to resign for disciplinary reasons? Yes No

If YES to either question, please explain below. An answer of YES to either of the above questions will NOT automatically Disqualify you. EXPLANATION: _____

PLEASE LIST 3 PERSONAL / PROFESSIONAL REFERENCES (Do not include family members or past supervisors)

Name _____ Phone _____ Best time to call: _____ Occupation _____

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CERTIFICATION AND RELEASE - This Application MUST BE SIGNED AND DATED BELOW to be considered.

- ❖ I certify that, to the best of my knowledge and belief, the information given in this application truthfully represents my background and experience. I understand that if I have knowingly misrepresented or falsified any of the information I may be disqualified for employment consideration or dismissed from employment from the Town of Oak Island
- ❖ I authorize and release my current and former employers to give any and all information regarding my employment, together with any information regarding me whether or not it is on the records. I hereby release them from any damage or liability whatsoever for releasing this information. I also understand and permit the Town of Oak Island to conduct a criminal, background, credit, DMV and pre-employment drug/alcohol screening as necessitated by the requirements of the position in which I am applying
- ❖ I authorize and release any educational institutions, registration, certification or licensing institutions or boards to disclose my scholastic ratings and qualifications to the Town of Oak Island.

APPLICANT SIGNATURE: _____ DATE: _____

Thank you for applying with the Town of Oak Island.