

EDUCATION

Choose the highest grade you completed in school
 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from high school? Yes No

Did you obtain a GED certificate? Yes No

Name and location of high school attended

Name(s) and location(s) of Colleges or Universities attended	Major/Minor Studies	Dates Attended From To Mo/Yr Mo/Yr	Degrees	Graduation Date

Professional Certificate of license related to the job for which you are applying.

Title

Expiration Date

SPECIAL TRAINING

This space is for training or education that demonstrates specific qualifications for the particular job for which you are applying. The training or education may be full-time or part-time, apprenticeships, academic courses, seminars, or other types of training. Training schools, military schools, business colleges, or special courses pertinent to the position applied for should be included. Attach additional pages, if necessary. Attach transcripts, diploma or certificate, if required by vacancy.

Course	Institution	Dates From To Mo/Yr Mo/Yr	Total Class Hours	License or Certificate Issued

EQUIPMENT SKILLS

List any special size and type of equipment you operate, including office, computers, vehicles, construction, etc.:

PERSONAL REFERENCES

(Do not list Relatives or Employers)

Name	Address	Occupation	Telephone

EXPERIENCE

List your most recent experience first. Experience may be paid or unpaid, full-time, part-time, or military. Describe all of your work experience thoroughly, indicating how it relates to the position for which you are applying. Include MONTH and YEAR of your beginning and ending dates of employment or experience. Failure to provide complete information may result in disqualification of your application. **A RESUME MAY BE ATTACHED TO SUPPLEMENT INFORMATION, BUT MAY NOT SUBSTITUTE FOR COMPLETION OF THIS SECTION.**

Dates and Salary	Employer	Job Title, Description of Duties, Hours Worked, Reason for Leaving
Starting Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name:	Title: Hours Worked:
Ending Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	Duties:
Starting Salary: per	Telephone:	
Ending Salary: per	Supervisor's Name:	Reason for Leaving:
Equipment Operated:		
Starting Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name:	Title: Hours Worked:
Ending Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	Duties:
Starting Salary: per	Telephone:	
Ending Salary: per	Supervisor's Name:	Reason for Leaving:
Equipment Operated:		
Starting Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name:	Title: Hours Worked:
Ending Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	Duties:
Starting Salary: per	Telephone:	
Ending Salary: per	Supervisor's Name:	Reason for Leaving:
Equipment Operated:		
Starting Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Name:	Title: Hours Worked:
Ending Date: Mo. Yr. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	Duties:
Starting Salary: per	Telephone:	
Ending Salary: per	Supervisor's Name:	Reason for Leaving:
Equipment Operated:		

May we contact your current employer?

Yes

No

PERSONAL INFORMATION

YES NO

- 1. Can you provide proof of your identity and eligibility for employment in the United States?
- 2. Are you currently employed by the Town of Pilot Mountain? (If yes, list department below.)
- 3. Have you ever been employed by the Town of Pilot Mountain? (If yes, please explain below.)
- 4. Have you ever been convicted of a crime (misdemeanor, felony, or military court martial) or had any moving traffic violations within the past two years? Conviction does not necessarily disqualify candidates from employment consideration. If yes, list date, place, offense, and fine (or sentence) for each instance in space below.
- 5. Do you have members of your household or relatives currently employed by the Town of Pilot Mountain? (If yes, provide the following information.)

Name: _____ Relationship: _____ Department: _____

Name: _____ Relationship: _____ Department: _____

Explanatory remarks: (Please indicate item numbers to which answers apply.)

CONDITIONS OF EMPLOYMENT

Thank you for completing this application. You are urged to carefully read the following certification.

All the information provided by me on this application or otherwise is accurate and complete and I hereby give the Town of Pilot Mountain permission to investigate any and all information contained herein or otherwise provided during the selection process. In addition, if appropriate for the position, I (A) authorize the Town of Pilot Mountain's Police Department to conduct/request a background, criminal, history and/or driving record check; (B) agree to undergo drug screening; (C) agree to undergo a polygraph examination; and (D) agree to undergo a physical and/or psychological examination.

I fully understand that this application will be used only in conjunction with the position for which I am applying and that its completion neither assures me a position with the Town nor obligates the Town to me in any way.

I further understand that the failure to complete this application may render it void and that any misleading, incorrect statements, or omissions of material facts made during the selection process will subject me to disqualification, or if employed, result in my suspension or immediate discharge from employment with the Town. If employed, I will provide documentation establishing my identity and right to work in the United States; I agree to conform to the rules and regulations of the Town of Pilot Mountain or departments thereof; and I fully understand that employment can be terminated for any reason deemed sufficient by the Town.

I certify that I have read the foregoing statements and agree to the conditions stated therein.

Signed: _____ Date: _____