

# TOWN OF OAK ISLAND EMPLOYMENT APPLICATION

An Equal Opportunity Employer/E-Verify Employer

Applications may be mailed to:

Town of Oak Island  
HR Department  
4601 E. Oak Island Dr.  
Oak Island, NC 28465

[HR@oakislandnc.gov](mailto:HR@oakislandnc.gov)

Fill out all sections **COMPLETELY** and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. **Unsigned or incomplete applications will not be considered.** Once submitted, application materials become the property of the Town. An application must be received by 4 pm on the closing date posted if applicable to ensure consideration. The Town does **not** accept FAXED applications. Photocopied applications must have an original signature and current date. If a position is posted as "may close without notice," **APPLY IMMEDIATELY.**

## CURRENT INFORMATION

(1) POSITION TITLE \_\_\_\_\_ DATE: \_\_\_\_\_

(2) When will you be available for employment? (i.e. immediately, 2 weeks notice) \_\_\_\_\_

(3) Are you seeking      Full-time regular      Part-time regular      Temp./prefer regular      ] Temporary Only

(4) NAME: \_\_\_\_\_  
(Last) (First) (Middle)

(5) ADDRESS: \_\_\_\_\_  
Street & No. or P.O. Box City State Zip

(6) HOME TEL # \_\_\_\_\_ BUS. TELEPHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ (if applicable)

(7) Are you 18 or older?    Yes    No    If NO, what is your birth date \_\_\_\_\_

## GENERAL INFORMATION

If you need to explain any answer, use the space under EXPLANATIONS near the end of this application.

(8) Apart from absences for religious observances, check conditions that you are willing to accept.

Occasional:	night work	weekend work	overtime	rotating shifts	"on-call"
Regular:	night work	weekend work	overtime	rotating shifts	"on-call"
Frequent	night work	weekend work	overtime	rotating shifts	"on-call"

(9) Have you ever been employed with the Town of Oak Island?      Yes      No  
If YES, what department and when: \_\_\_\_\_

(10) Have you applied to the Town of Oak Island before?      Yes      No  
If YES, indicate what position and when: \_\_\_\_\_

(11) Are you willing to accept a salary within the advertised normal starting salary range?      Yes      No

(12) Are you now or were you previously related in any way to a Town employee?      Yes      No  
If YES, give name, relationship and department: \_\_\_\_\_

(13) Are you able to perform all of the duties of the job you have applied for?      Yes      No

(14) Have you ever been convicted of a felony? If YES, please explain under EXPLANATIONS. NOTE: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, length of time since the offense, and nature of the crime will be taken into consideration.      Yes      No

(15) Are you an American citizen or do you currently have authorization to work in the U.S.?      Yes      No

(16) Did you receive any of your education or employment experience under another name?      Yes      No  
If YES, please explain under EXPLANATIONS.

(17) If male and age 18 to 26, have you registered for Selective Service?      Yes      No

If not, you will have 30 days to comply if selected for a position as required by Federal Law.

## **EDUCATION**

### **Provide your complete history**

(18) Indicate highest school year completed: (i.e. 8, 10, 12) \_\_\_\_\_

(19) Name of High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

(20) Have you received a high school diploma or equivalent?      Yes      No

Education Beyond High School	Name and Location	Attended From				Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
		Mo.	Yr.	Mo.	Yr.				
(21)  College(s) University(ies)						Yes No			
(22)  Graduate or Professional Schools						Yes No			
(23)  Technical Institutes, Internship, Other						Yes No			

## **KNOWLEDGE, SKILLS & ABILITIES**

(24) 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 wish consideration for a secretarial/clerical position, indicate typing speed and word processing software packages known and/or used.

(a) _____	(e) _____
(b) _____	(f) _____
(c) _____	(g) _____
(d) _____	(h) _____

## **REGISTRATIONS, LICENSES, CERTIFICATIONS**

(25) List fields of work for which you have been registered, licensed or certified:

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Other: \_\_\_\_\_

(26) 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 - **Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

(27) Is your driver's license a Commercial Drivers License      Yes      No  
If YES, indicate the class \_\_\_\_\_

# EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable).** "See attached resume" is NOT acceptable in the duties space.

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

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_  
Employer or company \_\_\_\_\_ Telephone # \_\_\_\_\_  
Employer or company address \_\_\_\_\_  
Name and Title of most current supervisor \_\_\_\_\_  
Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ # of employees supervised by you \_\_\_\_\_  
If you worked part-time, the number of hours worked per week \_\_\_\_\_  
DUTIES IN ORDER OF IMPORTANCE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING or desiring a change \_\_\_\_\_

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

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_  
Employer or company \_\_\_\_\_ Telephone # \_\_\_\_\_  
Employer or company address \_\_\_\_\_  
Name and Title of most current supervisor \_\_\_\_\_  
Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ # of employees supervised by you \_\_\_\_\_  
If you worked part-time, the number of hours worked per week \_\_\_\_\_  
DUTIES IN ORDER OF IMPORTANCE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_  
Employer or company \_\_\_\_\_ Telephone # \_\_\_\_\_  
Employer or company address \_\_\_\_\_  
Name and Title of most current supervisor \_\_\_\_\_  
Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ # of employees supervised by you \_\_\_\_\_  
If you worked part-time, the number of hours worked per week \_\_\_\_\_  
DUTIES IN ORDER OF IMPORTANCE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_  
Employer or company \_\_\_\_\_ Telephone # \_\_\_\_\_  
Employer or company address \_\_\_\_\_  
Name and Title of most current supervisor \_\_\_\_\_  
Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ # of employees supervised by you \_\_\_\_\_  
If you worked part-time, the number of hours worked per week \_\_\_\_\_  
DUTIES IN ORDER OF IMPORTANCE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_  
Employer or company \_\_\_\_\_ Telephone # \_\_\_\_\_  
Employer or company address \_\_\_\_\_  
Name and Title of most current supervisor \_\_\_\_\_  
Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ # of employees supervised by you \_\_\_\_\_  
If you worked part-time, the number of hours worked per week \_\_\_\_\_  
DUTIES IN ORDER OF IMPORTANCE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_  
\_\_\_\_\_

- (28) Have you had disciplinary action taken against you in the past 12 months? Yes No  
If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)
- (29) a.) Have you ever been dismissed or forced to resign from any job held? Yes No  
b.) Were you dismissed or forced to resign for disciplinary reasons? Yes No  
If YES to "a" or "b", explain under EXPLANATIONS. (A YES will not automatically disqualify you.)
- (30) May we contact your present employer for reference prior to an interview (if granted)? Yes No  
If you are not currently employed, please check here N/A. If NO, explain under EXPLANATIONS.

**EXPLANATIONS**

ITEM # \_\_\_\_\_  
ITEM # \_\_\_\_\_  
ITEM # \_\_\_\_\_  
ITEM # \_\_\_\_\_

**Social Security Number (SSN)**

Should you become employed with the Town of Oak Island, your social security number will be required pursuant to 26 U.S.C. § 6109 for income tax purposes and pursuant to 8 C.F.R. § 274a.2 for compliance with immigration law for purposes of completing the Form I-9.

**Certification and Release (MUST BE SIGNED AND DATED BELOW)**

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town of Oak Island; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the Town receives from an employer or educational institution under a promise of confidentiality.
- I also permit the Town of Oak Island to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background where related to the job for which I am applying, and understand that the results could preclude my appointment.
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently using or abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by the Town of Oak Island, then I serve "at will." This means that I may be terminated at any time. I further understand that this "at will" employment relationship may not be changed by any written document unless such change is specifically approved by the Town Manager.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_