

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.	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.	Mo. Yr.	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 # ---
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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** _____