


<b>APPLICATION FOR EMPLOYMENT</b> <i>This institution is an equal opportunity provider and employer.</i>				 <b>MILLS RIVER</b>		DATE OF APPLICATION	
(SSN Voluntary for record keeping and data processing only)							
Social Security No:		Last Name		First Name		Middle Name	
Address (Street Number and Name)				City		County	
State		Zip Code		Phone (home or where you can be reached)		Business Phone	
<b>Availability</b> Do you now work for the town? <input type="checkbox"/> Yes or No		Are you related by blood or marriage to any person now working for the town? If yes, give name, relationship to you and the agency where employed. <input type="checkbox"/> Yes or No				If subject to Military Selective Service registration Certify Compliance by initialing below:	
<b>Military Service</b>							
Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?						<input type="checkbox"/> Yes or No	
Do you wish to declare a service-connected disability?						<input type="checkbox"/> Yes or No	
At this time, are you the surviving spouse or dependent of a deceased veteran who died from service related reasons?						<input type="checkbox"/> Yes or No	
Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran?						<input type="checkbox"/> Yes or No	
Give dates of your (or spouse's) qualifying active military service:							
Entered: _____		Separated: _____		Branch: _____		Rank: _____	
Are you a member of the Military Reserves?		<input type="checkbox"/> Yes or No		Branch: _____		Rank: _____	
<b>AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No							
CHECK the types of work you will accept: <input type="checkbox"/> Permanent full-time <input type="checkbox"/> Permanent part-time <input type="checkbox"/> Temporary full-time <input type="checkbox"/> Temporary part-time							
<input type="checkbox"/> Any of the preceding <input type="checkbox"/> Work involving Travel <input type="checkbox"/> Shift or Split-Shift Work							
If you are not available for work now, enter the earliest date you could begin work (mo/day/yr) _____							
<b>Jobs Applied For</b>							
Enter below the specific title of the job for which you are applying. _____							
<b>Referral Source</b>							
Please indicate your referral source: _____							
If you were referred by the Employment Security Commission (Job Service), please indicate which local office: _____							
<b>Education</b>							
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4							
Under S/Q Hrs.. List the hours of credit received and if they were semester (S) or quarter (Q) hours.							
Schools	Name and Location	Dates Attended (mo/yr) From: To:		Grad? Yes/No	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School							
College(s) or Universitie(s)							
Graduate or Professional							
Other educational, vocational school, internships, etc.							
Special training programs and seminars you have completed in the last five years (list):							
If the job applied for calls for specific courses, indicate those courses taken and credits received:							
Certifications and/or Affiliations: Certification:: _____ State: _____ Certification:: _____ State: _____ Certification:: _____ State: _____ Certification:: _____ State: _____						<b>DO NOT COMPLETE THIS BLOCK</b>	
Licenses (List, giving dates and sources of issuance):						DEGREES AND PROFESSIONAL CREDENTIALS <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be Verified within 90 days (G.S. 126-30) Person Responsible:	

<b>SKILLS</b>				
Check the following skills, experience, etc., which you have:			Applicable Skills:	
<input type="checkbox"/> Driver's License _____ <div style="text-align: center; margin-left: 100px;">Number                      State</div>				
<input type="checkbox"/> Chauffeur's License _____ <div style="text-align: center; margin-left: 100px;">Number                      State</div>				
<input type="checkbox"/> Car for use at work				
Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired.) The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying. <span style="float: right;">[ ] Yes or No</span> <b>If the answer to the above was yes, please explain fully on an additional sheet.</b>				
<b>WORK HISTORY</b> (include volunteer experience) Use Additional Sheets if Necessary.				
Current or Last Employer:			Address:	
Job Title:			Supervisors Name:	Telephone Number:
Number Supervised by You:				
Date Employed (mo/yr)	Starting Salary	Ending or Current Salary	Reason for Leaving:	
	per	\$ per		
Date Separated (mo/yr)	List major duties in order of their importance in the job.			
Full Time Years Months				
Part Time Years Months				
If Part Time, number of hours worked per week				
Employer:			Address:	
Job Title:			Supervisors Name:	Telephone Number:
Number Supervised by You:				
Date Employed (mo/yr)	Starting Salary	Ending or Current Salary	Reason for Leaving:	
	per	per		
Date Separated (mo/yr)	List major duties in order of their importance in the job.			
Full Time Years Months				
Part Time Years Months				
If Part Time, number of hours worked per week				
Employer:			Address:	
Job Title:			Supervisors Name:	Telephone Number:
Number Supervised by You:				
Date Employed (mo/yr)	Starting Salary	Ending or Current Salary	Reason for Leaving:	
	\$ per	\$ per		
Date Separated (mo/yr)	List major duties in order of their importance in the job.			
Full Time Years Months				
Part Time Years Months				
If Part Time, number of hours worked per week				

"The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it we are required to note the racial/national origin of individual applicants on the basis of visual observation or surname."

I do not wish to furnish this information.

ETHNICITY

Hispanic or Latino

Not Hispanic or Latino

RACE

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements documentation, or failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am made in this application and understand that false information and employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30. G.S. 14-122.1.)

\_\_\_\_\_  
Signature of Applicant (unsigned application will not be processed)

\_\_\_\_\_  
Date

For Official Use Only:

Date Application Received: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_