


APPLICATION FOR EMPLOYMENT <i>This institution is an equal opportunity provider and employer.</i>		 MILLS RIVER		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		
Availability 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:		
Military Service					
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: _____					
AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE: <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) _____					
Jobs Applied For					
Enter below the specific title of the job for which you are applying. _____					
Referral Source					
Please indicate your referral source: _____					
If you were referred by the Employment Security Commission (Job Service), please indicate which local office: _____					
Education					
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	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: _____					
Licenses (List, giving dates and sources of issuance):					
DO NOT COMPLETE THIS BLOCK					
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:					

"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