

**APPLICATION FOR EMPLOYMENT
TOWN OF TARBORO**

Gender: Male _____ Female _____

Date of birth: _____

Position(s) Applied For

NOTICE TO APPLICANTS: It is the policy of the Town of Tarboro that no applicant for employment suffer discrimination because of age, sex, race, color, religion, non-job related handicap or national origin.

NAME _____
(last name) (first name) (middle name)

ADDRESS _____
(street and no. or route and no.) (city) (state) (zip code)

SOCIAL SECURITY # _____ **Home Phone** _____ **Work Phone** _____

Do you have a valid N.C. Drivers License? Yes _____ No _____ License # _____

Have you pleaded guilty to, or been convicted of any driving violations during the past 3 years? If so, of what and when?

REFERENCES: List 3 persons to whom you are not related and for whom you have never worked, who can give us information about you and your fitness for the position for which you are applying.

NAME _____ **ADDRESS** _____ **PHONE #** _____

NAME _____ **ADDRESS** _____ **PHONE #** _____

NAME _____ **ADDRESS** _____ **PHONE #** _____

EDUCATION AND TRAINING		
Schools Attended	Years Completed	Diploma/Degree Received

List other special training: _____

WORK HISTORY

In the spaces below provide your employment history, beginning with your present or last employer first.

1. Name and Business Address of Employer: _____

Dates of Employment: From _____ To _____ Job Title _____

Name of Supervisor: _____ Describe your duties: _____

2. Name and Business Address of Employer: _____

Dates of Employment: From _____ To _____ Job Title _____

Name of Supervisor: _____ Describe your duties: _____

3. Name and Business Address of Employer: _____

Dates of Employment: From _____ To _____ Job Title _____

Name of Supervisor: _____ Describe your duties: _____

4. Name and Business Address of Employer: _____

Dates of Employment: From _____ To _____ Job Title _____

Name of Supervisor: _____ Describe your duties: _____

I HEREBY CERTIFY THAT THERE ARE NO WILLFUL MISREPRESENTATIONS OR FALSIFICATIONS IN THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION. I AM AWARE THAT SHOULD INVESTIGATION DISCLOSE ANY SUCH MISREPRESENTATIONS OR FALSIFICATIONS OR OMISSIONS, MY APPLICATION WILL BE REJECTED OR IF I AM ALREADY EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED.

Date _____

Signature of Applicant _____

APPLICANT WAIVER FORM

(To be signed by all job applicants along with application form)

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

I authorize any of the persons or organizations referred to in this application to give you any and all information concerning my previous employment, education or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from any and all liability for damage that may result from furnishing such information to you. I authorize you to request and receive such information.

In consideration for my employment being considered and my being considered for employment by the Town of Tarboro, I agree to conform to the rules and regulations of the Town of Tarboro and acknowledge that these rules and regulations may be changed, interpreted, withdrawn or added to by the Town of Tarboro at any time at the Town's sole option and without any prior notice to me. I further acknowledge that my employment may be terminated and any offer of employment, if such is made, may be withdrawn at any time, at the option of the Town of Tarboro or myself.

I understand that no representative of the Town of Tarboro has any authority to enter into any agreement for employment for any specified period of time or assure or make some other personnel commitment either prior to commencement of employment or after I have become employed or to assure any benefits or terms and conditions of employment or make any agreement contrary to the foregoing.

I acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was made.

Signature of Applicant

Date

Town Representative Signature

Date

FOR MALE APPLICANTS ONLY - (AGES 18 THROUGH 26)

I hereby certify that I have registered with the Federal Government in accordance with the Military Selective Service Act. State law prohibits local government from hiring anyone who has not met this requirement.

Signature of Applicant _____

Date_____