

TOWN OF LANDIS

P.O. Box 8165
Landis, North Carolina 28088
704-857-2411

Town of Landis
APPLICATION FOR EMPLOYMENT



"The Future Is Bright"

TO ALL APPLICANTS:

1. Applications must be typed or PRINTED IN INK.
2. If space is not sufficient for a completed answer, use a separate sheet.
3. All questions must be answered completely.

PERSONAL DATA										
ENTER YOUR SOCIAL SECURITY NUMBER HERE						KIND OF POSITION APPLIED FOR:				
LAST NAME		FIRST		MIDDLE		DATE OF BIRTH				
APARTMENT NO.		STREET ADDRESS								
TOWN		STATE		ZIP CODE		COUNTY		Phone where you can be reached during the day	AREA CODE	PHONE
If employed I agree to submit to a complete medical physical exam. <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you ever been dismissed from any position? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach on explanation.		Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach an explanation.		If you have previously applied with Landis, North Carolina and your name is now different, give old last name.				

DO NOT WRITE IN THIS BLOCK	COMMENTS
Interviewed by _____ Acceptable for Employment _____ Starting Annual Salary _____ Grade and Step _____ Classification _____ Department _____ Position Number _____	

GENERAL INFORMATION					
TYPE OF JOB SOUGHT		LIST ANY JOB IN WHICH YOU DO NOT WISH TO WORK			
<input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Any					
Enter earliest date you will be available to interview for employment.		Month	Day	Year	If you are currently a student and expect to remain in school until you graduate, enter graduation date.
					Month Day Year

EDUCATION—SPECIFIC COLLEGE HOURS MUST BE LISTED IN THIS SECTION											
Circle highest grade completed		High School Graduate or Equivalent		Vocational School Attended			No. of Months	Area of Study		Date Courses Completed	
1	2	3	4	5	6	<input type="checkbox"/> YES <input type="checkbox"/> NO					
7	8	9	10	11	12						
NAME AND LOCATION OF COLLEGE OR UNIVERSITIES ATTENDED			CREDIT RECEIVED		FIELD OF STUDY OR AREA OF CONCENTRATION				TYPE OF DEGREE OBTAINED	DATE DEGREE OBTAINED	
			Quarter Hours	Semester Hours	Major	Hours	Minor	Hours			
HIGH SCHOOL											
COLLEGE OR UNIVERSITY											
GRADUATE SCHOOL											

I hereby certify that all entries and attachments are true. I authorize the TOWN OF LANDIS to obtain data from medical, credit, education, employment, and conviction records to support my job application, and I understand that all information provided here is subject to verification. I agree that any falsification is grounds for dismissal.

I understand that I may be required to pass various jobs related examinations in order to be considered for employment. I understand that, if hired, I must successfully complete a physical examination, and serve a probationary period during which my performance will be evaluated.

Signature

Date

NAME: LAST

FIRST

MIDDLE

1. N.C. LICENSE #			EXPIRATION MO/YR
2. OTHER LICENSE OR CERTIFICATION			EXPIRATION MO/YR

OTHER INFORMATION

Please answer the following questions. If you answer "Yes" to any question, please give details below.

Yes No

A. Are you an official or employee of any State, territory, county, or municipality?

B. Have you ever been convicted of an offense against the law, including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a Youth Offender Law?

C. Have you ever been dismissed from employment or forced to resign, or have you ever resigned in order to avoid being dismissed?

D. Does Landis employ any relative of yours (by blood or marriage)?

Please explain here "Yes" answers to questions immediately above.

List any special qualifications and skills (licenses, skills with machines or equipment, public speaking, memberships in professional or scientific societies, typing and shorthand speed, etc.) _____

MILITARY SERVICE:

Branch of Service	Date Entered	Date of Discharge	Rank	Nature of Discharge

If you are currently a member of any active or reserve military organization, give organization and rank: _____

REFERENCES: List three persons who are not related to you and who have knowledge of your qualifications for the position(s) for which you are applying, such as former co-workers, teachers, etc. Do not repeat names of supervisors listed under Employment History. Do not list the name of your minister or religious leader.

Full Name	Years Known	Telephone Number	Address

EMPLOYMENT ELIGIBILITY VERIFICATION

I attest, under penalty of perjury, that I am (check a box):

- 1. A citizen or national of the United States.
- 2. An alien lawfully admitted for permanent residence (Alien Number A _____).
- 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____ or Admission Number _____, expiration of employment authorization, if any _____).

Signature

Date (Month/Day, Year)