

APPLICATION FOR EMPLOYMENT

Mount Pleasant North Carolina

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- APPLY FOR ONE VACANCY PER APPLICATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN THE TOWN OF MOUNT PLEASANT. MOUNT PLEASANT WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

APPLICATION FOR EMPLOYMENT				TOWN OF MOUNT PLEASANT NORTH CAROLINA		Date of Application	
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	
CHECK the types of work you will accept: <input type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time <input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel <input type="checkbox"/> 7. Shift or Split Shift Work							
If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____							
Job Applied For							
Enter below the specific title and vacancy number of the job for which you are applying.							
Job Title: _____							
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	Dates Attended (mo/yr) From: To:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received	
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>				
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>				
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>				
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>				
Special training programs and seminars you have completed in the last five years (list):							
If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:							
Membership in professional, honorary, or technical societies (list):				DO NOT COMPLETE THIS BLOCK			
				DEGREES AND PROFESSIONAL CREDENTIALS <input type="checkbox"/> Have been verified Person Responsible:			

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Licenses and certifications (List, giving dates and sources of issuance):

SKILLS

CHECK the following skills, experiences, etc., which you have:

- | | | |
|---|---|--|
| <input type="checkbox"/> Driver's License _____
Number _____ State _____

<input type="checkbox"/> CDL | <input type="checkbox"/> Sign Language
<input type="checkbox"/> Foreign language (specify) _____
<input type="checkbox"/> Adding Machine/calculator
<input type="checkbox"/> Typing (specify WPM) _____
<input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> Legal transcription
<input type="checkbox"/> Medical transcription
<input type="checkbox"/> Braille
<input type="checkbox"/> Word Processing
<input type="checkbox"/> Other _____ |
|---|---|--|

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.) YES NO (If yes, explain fully on an additional sheet.)

WORK HISTORY (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying.

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying 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:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
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If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
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Part Time Years Months				
If part time, number of hours worked per week:				

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Employer:		Address:		
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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 investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant (unsigned applications will not be processed)

Date