

Employment Application

Town of Princeton

PLEASE READ CAREFULLY: All requested information must be furnished. The information you give will be used to determine your qualifications for employment. It is **IMPORTANT** that you answer all questions on your application fully and accurately. If an item does not apply to you, or if there is no information to be given, please write the letters "NA" for Not Applicable. This record will be strictly confidential and the exclusive property of the Town of Princeton, North Carolina. All applications must be received in person, by US Mail, or private carrier.

The Town of Princeton complies with the Immigration Reform and Control Act of 1986. All employees must provide documentation to verify identity and employment eligibility within the first three days of employment with the Town of Princeton.

In accordance with Americans with Disabilities Act, the Town of Princeton will consider reasonable accommodation if requested.

The Town of Princeton is an equal opportunity employer and does not discriminate on the basis of race, sex, color, creed, age, disability, sexual orientation, or national origin.



503 Doctor Donnie H Jones Jr Blvd W – PO Box 67 – Princeton NC 27569
PHONE: (919) 936-8171
www.myprincetonncc.com

PERSONAL DATA: PART I

1. Position for which you are applying: _____

2. Name

(LAST NAME) (FIRST NAME) (MIDDLE NAME)

3. Phone: Area Code/No. Daytime () - - Evening () - - Other () - -

4. Email address: _____

5. Present mailing address: _____
(NUMBER AND STREET, RFD OR POST OFFICE BOX NUMBER)

(CITY) (COUNTY) (STATE) (ZIP CODE)

6. Permanent address if other than shown above: _____

7. Name of person to be notified in case of emergency: _____

(ADDRESS) (PHONE NUMBER) (RELATIONSHIP)

EDUCATION AND TRAINING: PART II

HIGHEST GRADE COMPLETED Grade School High School	HIGH SCHOOL EQUIVALENCY TEST/GED Date State Awarded Institution Where	COLLEGE Indicate Number of Credit Hours Received Semester Hrs. Quarter Hrs.
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TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	GRADUATED		TYPE OF DIPLOMA OR DEGREE	MAJOR/ MINOR OR FIELD OF STUDY
		Yes	No		
High School or Vocational School					
Technical Institutions or Schools					
College or University					
Graduate School					

8. Special professional and vocational qualifications, i.e., licenses, publications, public speaking, membership in professional or scientific societies, and volunteer experience:

9. Awards, honors, and fellowships received:

10. Activities (Civic, Athletic, Etc.):
 Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or national origin of its members.

WORK HISTORY: PART III

In the space provided below, give your employment history beginning with your PRESENT or most recent employer and list all positions held, including military, part-time, summer, and volunteer work. Details on any period of unemployment must be included. IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS USING THE SAME FORMAT. A personal resume CANNOT be substituted for this application; however, you may attach a resume as a supplement. You must complete ALL parts of the employment application in order for your application to be considered complete.

A. Name and business address of employer:

Date of employment from _____ to _____ Title of position: _____
Month/Day/Year

Part time: or Full time: Number of hours worked per week: _____

Beginning salary \$ _____ Present or last salary \$ _____

Name and title of supervisor: _____ Phone number () - _____

Description of duties and responsibilities: _____

Reason for leaving: _____

May we contact your present employer regarding your record of employment? Yes No

B. Name and business address of employer:

Date of employment from _____ to _____ Title of position: _____
Month/Day/Year

Part time: or Full time: Number of hours worked per week: _____

Beginning salary \$ _____ Present or last salary \$ _____

Name and title of supervisor: _____ Phone number () - _____

Description of duties and responsibilities: _____

Reason for leaving: _____

C. Name and business address of employer:

Date of employment from _____ to _____ Title of position: _____
Month/Day/Year

Part time: or Full time: Number of hours worked per week: _____

Beginning salary \$ _____ Present or last salary \$ _____

Name and title of supervisor: _____ Phone number () - _____

Description of duties and responsibilities: _____

Reason for leaving: _____

MILITARY SERVICE: PART IV

11. Have you ever served in the U.S. Armed Forces? Yes No

If your answer is "yes" complete items below.

Branch of Service

Active Duty

Rank upon separation/discharge

Date of Final Discharge

From: To:

Month/Day/Year

Month/Day/Year

12. Describe special training and military assignments related to job applied for (if applicable):

ADDITIONAL INFORMATION: PART V

Answer items 13 through 18 by placing an "x" in the proper column.	YES	NO
13. Have you ever been employed by the Town of Princeton? (State your name at that time in Item 20 if it was different from your present name.)	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you related by blood or marriage to any person now employed by the Town of Princeton? If "yes", give name and relationship and the Department in which the relative works in Item 20. Relative is defined as wife, husband, mother, father, daughter, son, sister, brother, half-sister, half-brother, stepmother, stepfather, stepdaughter, stepson, stepsister, stepbrother, grandmother, grandfather, granddaughter, grandson, mother-in-law, father-in-law, sister-in-law, and brother-in-law. Also included is aunt, uncle, niece, nephew, and first cousin.	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been dismissed or forced to resign from any position? If yes, give complete details in Item 20.	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever served time in prison? Note: A "yes" response does not automatically disqualify you from employment since the date and nature of the offense and the type of job for which you are applying will be considered. If "yes", please give complete details in Item 20.	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever been convicted of a felony? Note: A "yes" response does not automatically disqualify you from employment since the date and nature of the offense and the type of job for which you are applying will be considered. If "yes", please give complete details in Item 20.	<input type="checkbox"/>	<input type="checkbox"/>
18. If you are applying for a position that requires a driver's license, are you licensed by the State of North Carolina to operate a vehicle? License No. Class CDL Class (A valid North Carolina Driver's License will be required.)	<input type="checkbox"/>	<input type="checkbox"/>

19. List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do NOT repeat names of supervisors listed under Part III, WORK HISTORY.

NAME	PRESENT BUSINESS OR HOME ADDRESS & PHONE NO.	BUSINESS OR OCCUPATION

20. Space for detailed answers. Indicate item number to which answers apply.

ITEM NO.	DETAILS

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY:

DECLARATION OF APPLICATION

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions and that the information I have provided in this application for employment, including application inserts and resume, is subject to verification by the Town of Princeton. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated.

Date

Applicant's Signature

THANK YOU FOR MAKING APPLICATION FOR EMPLOYMENT WITH THE TOWN OF PRINCETON