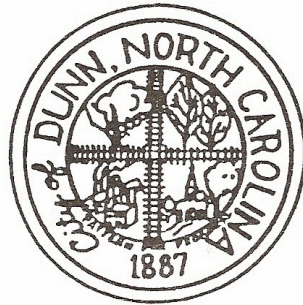


# CITY OF DUNN

## Application for Employment



An Equal Opportunity Employer



12. EDUCATION – Give your complete educational history below:

Name of Educational Institution	Name	Location	Ending Date Mo ____ Yr ____	Circle Highest School Year Completed 1 2 3 4 5 6 7 8 9 10 11 12
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13 A. Did you either graduate from high school or pass the High School Equivalency Test?  Yes  No

13 B. Have you received your GED?  Yes  No

Education Beyond High School	Name and Location	Circle Number Years Completed	Credit Hours	Did You Graduate?	Degree or Diploma and Year Received	Major Subject
College or University		1 2 3 4				
Graduate or Professional		1 2 3 4				
Other Education Internship, etc.		1 2 3 4				

14. List Fields of work which you are licensed, registered or certified.

Registration \_\_\_\_\_ State \_\_\_\_\_ No. \_\_\_\_\_

Registration \_\_\_\_\_ State \_\_\_\_\_ No. \_\_\_\_\_

15. Clerical Skills: Typing \_\_\_\_\_ wpm Shorthand Speed \_\_\_\_\_ wpm Other: \_\_\_\_\_

16. If the position applied for calls for specific courses, indicate courses and credit received.

17. Employment Record – Answer questions for each period of employment. Include military service and previous employment with the City of Dunn. Failure to give complete information may result in rejection of your application. Begin with your present or last position. If more spaces is needed, use a continuation sheet.

A. Title of present or last position _____				Starting Salary _____	Last Salary _____
Date Employed		Name and title of Supervisor _____ No. employees supervised by you _____			
Date Separated		Employer _____ Address _____			
Full-time	Years	Months	Duties _____		
Part-time	Years	Month	_____		
If part-time, number of hours worked per week		Reason for leaving _____			

B. Title of present or last position _____				Starting Salary _____	Last Salary _____
Date Employed		Name and title of Supervisor _____ No. employees supervised by you _____			
Date Separated		Employer _____ Address _____			
Full-time	Years	Months	Duties _____		
Part-time	Years	Month	_____		
If part-time, number of hours worked per week		Reason for leaving _____			

C. Title of present or last position _____			Starting Salary _____	Last Salary _____
Date Employed _____			Name and title of Supervisor _____ No. employees supervised by you _____	
Date Separated _____			Employer _____ Address _____	
Duties _____			_____	
Full-time	Years	Months	_____	
Part-time	Years	Month	_____	
If part-time, number of hours worked per week _____			Reason for leaving _____	

D. Title of present or last position _____			Starting Salary _____	Last Salary _____
Date Employed _____			Name and title of Supervisor _____ No. employees supervised by you _____	
Date Separated _____			Employer _____ Address _____	
Duties _____			_____	
Full-time	Years	Months	_____	
Part-time	Years	Month	_____	
If part-time, number of hours worked per week _____			Reason for leaving _____	

Are you a citizen of the United States?     Yes     No

If not, do you have a legal right to work or remain in the United States?     Yes     No

Can you, after employment, submit certification or your legal right to work in the United States?     Yes     No

Are you 18 years of age or older?     Yes     No

List the name and phone number of an individual to be contacted in case of an emergency accident.

\_\_\_\_\_

\_\_\_\_\_

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, registrations 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.

(Authority: G.S. 126-30, G.S. 14-122.1)

\_\_\_\_\_  
Signature of Applicant (unsigned applications will not be processed)

\_\_\_\_\_  
Date