



P.O. Box 1065, Dunn, NC 28335 (910) 230-3545 www.dunn-nc.org

## APPLICATION FOR EMPLOYMENT

**INSTRUCTIONS:** It is important that you fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the examination process and therefore, should represent your best effort. Resumes will not be accepted in lieu of city application. Faxed applications will not be accepted. Applications are kept on file for two years.

Current Information (Please type or print clearly in	ink)				
Position Applied for			Date	:	
When will you be available for employment? Employment		Employment desir	desired: (check all that apply)		
Are you 18 years of age or older? Yes \( \square \) No \( \square \)			Full-time  Par	t-time  Temporar	y 🗌 Summer 🔲
NAME					
NAMELast	Fir	st		Middle	
ADDRESSStreet & Number or P.O. Box		City		State	Zip
HOME PHONE	CELL P	HONE			
DO YOU HAVE A VALID DRIVER LICENSE? Yes	No 🗌	CLASS	STATE	-	
General Information (Attach additional sheet if need	led)				
Have you ever been employed with the City of Dunn?  If yes, what department & when?				Yes	No 🗌
Are you related by blood or marriage to any City employee?  If yes, give name, relationship and department				Yes	No 🗌
Are you a U.S. citizen? If no, you must be legally authorized to documents before you begin work.	work in the U.S	. and must provide v	work authorization	Yes	No 🗌
Have you ever been convicted of a felony?				Yes	No 🗌
If yes, please explain, giving details and dates of conviction(s). (1) you from employment consideration; the offense and how recently					

Education					
Circle highest level 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					
School	Location of School	Graduate	Credit Hours	Degree or Diploma	Major/Minor
High School or GED		Yes No No			
College or University		Yes No No			
Graduate or Professional School		Yes No			
Vocational/ Technical School or Other		Yes No No			
Military Service					
Are you a veteran? Yes No Branch of service:					
Skills and Certifications					
Please list any skills, abilities, special certification applying. Include skills with equipment or mach	ons, licenses, special training you have that	you feel are applicabl	e to the position f	or which you are	,
applying. Include skins with equipment of mach	illes you operate. List computer skins sepa	ratery as indicated be	llow.		
Please list computer knowledge and specific software skills.					

Employment History Record your complete work history in the spaces below (resume may be attached, however this section must be completed). Begin with your current or most recent employer first. Use continuation sheets if necessary.				
May we contact your present employer? Yes	□ No □			
Employer: (Present or most recent)	Address:	Phone #:		
Job Title:	Name and title of supervisor:	No. supervised by you:		
Date Employed:	Starting Salary:	Ending Salary:		
Date Separated:	Duties:			
Full time for: Years Months				
Part-time for: Years Months  If part-time, number of hrs. worked per week:	Reason for leaving:			
worked per week!				
Employer:	Address:	Phone #:		
Job Title:	Name and title of supervisor:	No. supervised by you:		
Date Employed:	Starting Salary:	Ending Salary:		
Date Separated:  Full time for: Years Months	Duties:			
Part-time for: Years Months	Reason for leaving:			
If part-time, number of hrs. worked per week:	Reason for leaving.			
Employer:	Address:	Phone #:		
Job Title:	Name and title of supervisor:	No. supervised by you:		
Date Employed:	Starting Salary:	Ending Salary:		
Date Separated:	Duties:			
Full time for: Years Months				
Part-time for: Years Months	Reason for leaving:			
If part-time, number of hrs. worked per week:				

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	<u> </u>
Full time for: Years Months		
Part-time for: Years Months  If part-time, number of hrs. worked per week:	Reason for leaving:	
worked per week:		
Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	,
Full time for: Years Months		
Part-time for: Years Months	Reason for leaving:	
If part-time, number of hrs. worked per week:		
References  Please do not list family relatives. W position for which you are applying.	e recommend listing persons such as coworkers,	teachers, etc., who have knowledge of your qualifications for the
Name:	Address:	Telephone #:
Name: Address:		
Name:	Address:	Telephone #:
falsified any of the application information my current and former employers to retheir records. I hereby release them froscholastic rating, as well as degrees or any right I have to review information of Dunn to conduct a criminal and mot Dunn, I will be tested for drug and alcounted the City. I understand and acknowleds with or without cause. I further unders such change is specifically approved by	ation, I may be disqualified for employment consideration, I may be disqualified for employment as the certificates earned, to the City of Dunn. Notwiths the City receives from any employer or education for vehicle records investigation of my background the constant to the testing and understand the gethat should the City of Dunn employ me, then I stand that this "at will" employment relationship my the City Manager.	mplete. I understand that if I have knowingly misrepresented or deration or dismissed from employment with the City. I authorize along with any information regarding me, whether or not it is on athorize educational institutions which I attended to reveal my standing any provision of State or Federal law, I expressly waive al institution under a promise of confidentiality. I permit the City of that the results of such testing could preclude my employment with serve "at will". This means that I may be terminated at any time may not be changed by any written document or by conduct unless
Signature		Date

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Revised 10/20/2011