

# APPLICATION FOR EMPLOYMENT WITH THE TOWN OF PEMBROKE

100 S. Union Chapel Road • P.O. Box 866  
PEMBROKE, NORTH CAROLINA 28372

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The Town of Pembroke, an Equal Opportunity Employer, will use your application as part of the examination process in determination of employment. Fill out all sections of this application to the best of your ability. Any questions you may have concerning the application should be directed to the Town Manager's Office.

*Any willful misrepresentation, omission or falsification of records to obtain employment is grounds for termination.*

**Date of Application:** \_\_\_\_\_

## Identification Data

1. Position(s) applied for a. \_\_\_\_\_ b. \_\_\_\_\_

Name (TYPE OR) \_\_\_\_\_  
PRINT LAST FIRST MIDDLE Social Security Number

2. Present Address:

a. Permanent \_\_\_\_\_  
Street or Rural Paved Road City State Zip

b. Mailing Address (if other than above) \_\_\_\_\_  
Street or Box City State Zip

3. Home Telephone \_\_\_\_\_ b. Business Telephone \_\_\_\_\_

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## Military Service

Have you ever served on active duty in the United States Military? \_\_\_\_\_

If yes, what Branch? \_\_\_\_\_ Dates of active duty \_\_\_\_\_  
From To

Service Number \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Are you presently a member of the United States Military Reserve? \_\_\_\_\_ National Guard? \_\_\_\_\_

Service Schools Attended \_\_\_\_\_

## Education and Training

4. Name of High School Attended \_\_\_\_\_ Date \_\_\_\_\_

Circle Highest Grade Completed ó 1 2 3 4 5 6 7 8 9 10 11 12

or High School Equivalency Test Date \_\_\_\_\_ State \_\_\_\_\_

Please list below Advanced Educational Experience:

College, University,  
Technical Institute \_\_\_\_\_  
Name

\_\_\_\_\_  
Location of College, etc.

Dates attended	Graduated?	Type of diploma or Degree Received
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5. List any special qualifications and/or skills you may have, such as ó (licenses, skills with power machines, publications, public speaking, volunteer or special training)

\_\_\_\_\_  
\_\_\_\_\_

6. Please indicate your clerical skills: Typing \_\_\_\_\_ Shorthand \_\_\_\_\_  
WPM WPM

7. Office Equipment you can operate: \_\_\_\_\_

8. Please list any special awards, honors, etc., you have received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Employment History

May inquiry be made of your present employer regarding your record of employment?    yes ( )            no ( )

**Instructions: Start with your most recent position and work back for last five years or since you started to work.**

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Wages \_\_\_\_\_

Job Title or Duties Performed \_\_\_\_\_

Number of People You Supervised (if any) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

## Personal Employment History (Continued)

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Wages \_\_\_\_\_

Job Title or Duties Performed \_\_\_\_\_

Number of People You Supervised (if any) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Wages \_\_\_\_\_

Job Title or Duties Performed \_\_\_\_\_

Number of People You Supervised (if any) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Wages \_\_\_\_\_

Job Title or Duties Performed \_\_\_\_\_

Number of People You Supervised (if any) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Salary or Wages \_\_\_\_\_

Job Title or Duties Performed \_\_\_\_\_

Number of People You Supervised (if any) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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## References

List Three Persons, other than relatives or past employers, WHO HAVE DEFINITE KNOWLEDGE of your qualifications and fitness for the position(s) for which you are applying.

	FULL NAME	PRESENT BUSINESS OR HOME ADDRESS	No. Years Acquainted
1.	_____	_____	_____
	Phone Number _____		
2.	_____	_____	
	Phone Number _____		
3.	_____	_____	
	Phone Number _____		

## Personal Data

Have you ever received workman's compensation or disability payments? \_\_\_\_\_

If so, please state when, and explain the circumstances \_\_\_\_\_

To insure that you are not placed in a position which might impair your health, or which might be a hazard to you or others, please explain in detail any physical or emotional disabilities or limitations you have.

**DRIVERS LICENSE NUMBER:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

Have you ever been convicted of an offense against the law (excluding minor traffic violations)? \_\_\_\_\_

If so, please explain the nature of the conviction and the final disposition of the case. \_\_\_\_\_

Do you have any relatives currently employed by the Town of Pembroke? \_\_\_\_\_

If so, who, in what position, and in what Department are they employed? \_\_\_\_\_

I hereby certify that there are no willful misrepresentations, omissions, or falsifications of the above statements and answers to question. I am aware that should investigations disclose such misrepresentations, omissions, or falsifications, my application will be rejected. I also authorize my former employers to give any information regarding my employment, together with any information they may have regarding me, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.

I understand that, if I am employed, I will be on probation for a period of twelve months and during that time I will be subject to discharge as stated in the Town Personnel Policy.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

(Sign in Ink)

**NOTICE TO APPLICANT:** The information requested below is needed for reporting procedures in accordance with Equal Employment Opportunity Commission requirements. This information is in no way used as a selection factor for employment.

**A. ETHNIC BACKGROUND ó PLEASE CHECK**

<input type="checkbox"/> American Indian	<input type="checkbox"/> Spanish Surname
<input type="checkbox"/> Black	<input type="checkbox"/> Asian
<input type="checkbox"/> White	<input type="checkbox"/> Other/Bi-Racial

**B. SEX ó PLEASE CHECK**

<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
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**DATE OF BIRTH**

MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

Are you a citizen of the United States? \_\_\_\_\_

If not, give country of which you are a citizen and your alien registration number.