

# Application for Employment



We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

## Town of Vanceboro

### Personal Information

Name

Address	City	State	Zip
Phone number	Email address		
Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If selected for employment are you willing to submit to a background check? Yes <input type="checkbox"/> No <input type="checkbox"/>			

### Position

Position you are applying for	Available start date	Desired pay
Employment desired <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary		

### Education

School name	Location	Years attended	Degree received	Major

### References (business and professional only)

Name	Title	Company	Phone

**Employment History**

<b>Employer (1)</b>	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
<b>Employer (2)</b>	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
<b>Employer (3)</b>	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

**Signature Disclaimer**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my employment being terminated.

Name (please print)	Signature
Date	

# Town of Vanceboro



## Background Check Authorization Form

**CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM**

I affirm that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background check. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in immediate termination of my employment if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, educational institution, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

**This information is provided solely for the purpose of conducting a background check.**

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	
_____	_____	_____	
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
_____	_____	_____	_____
<b>Social Security Number:</b>	<b>Driver's License State:</b>	<b>Driver's License Number:</b>	
_____	_____	_____	
<b>Date of Birth (MM/DD/YYYY):</b>	<b>Race:</b>	<b>Gender:</b>	
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Other or Form Names:</b>			
_____			

**I have read and understand the above statements.**

**I affirm the above statements to be true.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_