

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 No

Position

Position you are applying for	Available start date	Desired pay
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Employment desired Full time Part time Seasonal/Temporary

Education

School name	Location	Years attended	Degree received	Major

References (business and professional only)

Name	Title	Company	Phone

Employment History

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

Last Name:

First Name:

Middle Name:

Street Address:

City:

State:

Zip Code:

Social Security Number:

Driver's License State:

Driver's License Number:

Date of Birth (MM/DD/YYYY):

Race:

Gender:

Male Female

Other or Form Names:

I have read and understand the above statements.

I affirm the above statements to be true.

Signature: _____

Date: _____