

# TOWN OF INLET

## Employment Application

Please **TYPE** or **PRINT** clearly. *This application must be completed and signed personally by the applicant.* Each question must be answered in full. If answer in NO or NONE, indicate such. We appreciate your interest in employment with the Town of Inlet.

We are an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, sexual orientation, national origin, age, physical or mental disability, marital status, veteran status, genetic predisposition or carrier status, or any other legally protected status or class. Applicants requiring a reasonable accommodation to participate in the application and/or interviewing process are encouraged to contact the Town Supervisor's Office.

BIOGRAPHICAL DATA	Name (First, Middle, Last)		Email Address	
	Address		Phone Number	
	City		State	Zip
	Position Applied For		Salary Desired	
	Are You Available For <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		Date Available For Work	
	How were you referred to the Town of Inlet? <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet <input type="checkbox"/> Civil Service Job Posting <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> Other _____			
	Are you currently employed? If yes, may we contact your employer to obtain employment information?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever filed an application or interviewed for employment with the Town of Inlet? If yes, give month and year ____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been employed with the Town of Inlet? If yes, give dates   From ____/____/____   To   ____/____/____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <i>Employment eligibility verification will be required upon employment.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18 years of age, can you provide required proof of your eligibility to work?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
If you have been provided with a job description for the position for which you are applying, are you able to perform the essential functions of the position with or without reasonable accommodation?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

EDUCATIONAL BACKGROUND	Type of School Attended	Name and Location of School	Number of Years Completed <i>(do not give dates)</i>	Course of Study	Diploma or Degree Obtained
	High School or Preparatory School				
	College				
	Other				

<b>SKILLS</b>	Typing Speed: WPM	Data Entry:	# Numeric Keystrokes/Hour	# Alpha Keystrokes/Hour
	Computer Skills:			
	List certificates, licenses ( <i>including driver license or CDL endorsement</i> ) or professional achievements that would support your qualifications for employment:  If you are applying for a position which requires a Commercial Driver License, provide Driver License Number here: _____		List any additional skills, technical or professional knowledge that you feel would support your application:	

*List your previous four (4) employers whether or not they seem relevant to the position for which you are applying.*

<b>Present or Last Employer</b>				
Name of Employer			Phone Number	
Address		City	State	Zip
Employment Dates (Month/Year)			Salary	
Title of Position			Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments _____				
Reason for leaving				
<b>Next Previous Employer</b>				
Name of Employer			Phone Number	
Address		City	State	Zip
Employment Dates (Month/Year)			Salary	
Title of Position			Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments _____				
Reason for leaving				
<b>Next Previous Employer</b>				
Name of Employer			Phone Number	
Address		City	State	Zip
Employment Dates (Month/Year)			Salary	
Title of Position			Name and Title of Supervisor	
Description of duties, responsibilities and significant accomplishments _____				
Reason for leaving				

**Next Previous Employer**

Name of Employer

Phone Number

Address

City

State

Zip

Employment Dates (Month/Year)

Salary

Title of Position

Name and Title of Supervisor

Description of duties, responsibilities and significant accomplishments

Reason for leaving

**U.S. MILITARY HISTORY** Yes  No

U.S. Military Branch

Entry Date

Discharge Date

Training or Specialty

**References (Other than relatives or former supervisors; list three)**

Name/Occupation

Phone Number

Address

City

State

Zip

Years Known

Name/Occupation

Phone Number

Address

City

State

Zip

Years Known

Name/Occupation

Phone Number

Address

City

State

Zip

Years Known

**Conviction Record Status**Have you ever been convicted of and/or plead guilty to a felony?  Yes  NoHave you been convicted of and/or plead guilty to a misdemeanor within the past five years?  Yes  No

If you answered 'yes' to either question, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. **Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment with the Town.** The nature of the violation and all other appropriate circumstances will be considered. The Town reserves the right to reject individuals for employment based on job-related convictions.

Date

City/State

Conviction/Explanation

I certify that the facts contained on this application are true and complete to the best of my knowledge. I understand that any misrepresentation is cause for voiding this application or termination of employment, if hired. I authorize investigation of any information provided on this application form. I also authorize investigation of my employment record and references, and release all parties from liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time, subject to applicable federal, state and/or local rules and regulations. I understand that as a condition for employment with the Town of Inlet, a pre-employment controlled substance test will be required and must be passed, and, if hired, I will be subject to random drug and alcohol testing in accordance with Town policy. In addition, CDL operators covered under Omnibus Transportation Employees Testing Act will be subject to testing under the provisions of this act. In addition, if hired, I will be provided with an Employee Handbook which I will acknowledge receiving, and that I will be required to follow all policies, procedures and work rules as outlined in this Handbook or established by my department. Lastly, if hired, I understand that I will be required to work any assigned shift on any day, including overtime as directed.

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

Signature of Applicant: \_\_\_\_\_