TOWN OF TOPSAIL BEACH
North Carolina

APPLICATION FOR EMPLOYMENT

To help us learn about you experience, abilities and interests, please prepare this application thoroughly and accurately. Your "Application for Employment" is used for making referrals to those Town departments filling job openings. It can be officially considered by the Town only after you have completed and submitted the original of the application and the attached "Application Log" to the Town Clerk. If you forget to complete some part of this application, it will be returned to you for completion.

TOWN OF TOPSAIL BEACH
TOWN CLERK
820 South Anderson Blvd.
Topsail Beach, NC 28445

Equal Opportunity/Disability/Affirmative Action Employer

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

The Town of Topsail Beach considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application

How Did You Learn About This Position?

☐	Wilmington Star	☐	Employment Agency
☐	Topsail Voice	☐	Friend
☐	Other Newspaper	☐	Relative
☐	Professional Magazine or Newsletter	☐	Walk-in
☐	Town's Web Site	☐	Other _____

Last Name	First Name	Middle Name

Address	*Number*	*Street*	*City*	*State*	*Zip Code*

Telephone Number(s)	

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with the Town of Topsail Beach before? ☐ Yes ☐ No

Have you ever been employed with the Town of Topsail Beach? ☐ Yes ☐ No

If yes, give date _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer regarding your experience and qualifications? ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No

Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Are you available to work: ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if the job requires it? ☐ Yes ☐ No

Do you have a valid North Carolina Driver's License? ☐ Yes ☐ No

Are you related by blood or marriage to any person now employed by the Town? ☐ Yes ☐ No

If yes, give name and relationship _____

Have you been charged with a misdemeanor or felony? ☐ Yes ☐ No

Being charged will not necessarily disqualify an applicant for employment

If yes, please explain _____

_____

_____

Education and Training

High School _____ _____
Name City State Ending Date

Circle highest grade of high school completed: 9 10 11 12 GED

Education Beyond High School	Name and Location	Course of Study	Years Completed	Diploma Degree
College or University				
Graduate or Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeships, skills and extra-curricular activities

_____

_____

_____

Describe any job-related training received in the United States Military.

_____

_____

_____

Employment Experience

Start with you present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed From To	Work Performed
Address			
Telephone Number(s)		Hourly Rate/Salary From To	
Job Title	Supervisor		
Reason for Leaving			

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Job Title	Supervisor		
Reason for Leaving			

Skills and Abilities

List any skills and abilities you wish considered. Include skills with equipment or machines you operate, special computer knowledge, laboratory techniques and the like. If you wish consideration for a secretarial position, indicate speeds for typing and shorthand.
_____ _____ _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.	
Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.	☐ Yes ☐ No

List professional, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.
_____ _____ _____

References

Name	Phone Number
Address	

Name	Phone Number
Address	

Name	Phone Number
Address	

Certification

I hereby certify that all statements on the application and the "Applicant Log" are true and complete to the best of my knowledge and belief. If employed I understand that any falsification of this record may be considered cause for termination. I authorize persons, schools, current employer (if approved by in this application) and other individual organizations or employers to provide the Town of Topsail Beach with any relevant information needed to consider my candidacy.

Applicant Signature _____ Date _____

Return application to:

Town of Topsail Beach
Town Clerk
820 S Anderson Blvd
Topsail Beach, NC 28445

APPLICANT LOG

The Town of Topsail Beach is an Equal Opportunity/Affirmative Action Employer. The Federal Government requires us to collect and be able to produce data pertaining to each applicant's sex, ethnic background, citizenship and veteran status. Please complete the following Applicant Log information. It will be removed from the Application, retained in the Personnel Department and not forwarded to any employing department. In keeping with the city's status as an Equal Opportunity/Affirmative Action Employer, this information will not be used in making any decision affecting employment or any personnel action following employment.

Last Name	First Name	Middle Name
Address *Number* *Street* *City* *State* *Zip Code*		
Date of Birth	Social Security Number	
SEX: ☐ Male	☐ Female	

ETHNIC BACKGROUND

☐ *White:* Origins in Europe, North Africa, or the Middle East.

☐ *Black:* Origins in any of the black racial groups.

☐ *American Indian or Alaskan Native:* Origins in the original peoples of North America.

☐ *Asian or Pacific Islanders:* Origins in the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.

☐ *Hispanic:* Mexican, Puerto Rico, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

CITIZENSHIP

☐ *Resident Foreign National:* An alien who has been admitted for permanent residence (must have Alien Registration Receipt Card, Form 1-551).

☐ *Non-Resident Foreign National:* An alien admitted temporarily for specific purposes and periods of time.

☐ *U.S. Citizen.*

VETERAN

☐ *Vietnam Era Veteran (8-5-64 to 5-7-75).* "A person (1) who (i) served on active duty for a period of more than 180 days, any part of which occurred during the Vietnam era, and was discharged or released therefrom which other than a dishonorable discharge, or (ii) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the Vietnam era, and (2) who was so discharged or released within 48 months preceding his application for employment covered under the Act."

☐ *Disabled Veteran.* "A person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 per centum or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty."

☐ *Disabled Vietnam Era Veteran (8-5-64 to 5-7-75).* Both of the above.

U. S. SELECTIVE SERVICE REQUIREMENT

☐ I certify that I am registered with Selective Service.

☐ I certify that I am not registered with Selective Service because I am a female.

☐ I am in the armed service on active duty. (Note: Does not apply to members of the Reserves and National Guard who are not on active duty.)

☐ I have not reached my 18th birthday.

☐ I was born before 1960.

☐ I am a citizen of the Federated States of Micronesia, or the Marshall Islands or a permanent resident of the Trust Territory of the Pacific Islands (Palau).

TOWN OF TOPSAIL BEACH

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I hereby authorize full disclosure to the Town of Topsail Beach of all information and records

concerning me, whether such records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of

all records as described above, to include, but not be limited to, records of educational institutions; records of financial or credit institutions, including the records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; records of medical and psychiatric treatment and/or consultation, including such treatment or consultation at hospitals, clinics, private practitioners and the U. S. Veterans Administration employment and pre-employment records, including background reports, polygraph reports and charts, efficiency ratings and complaints or grievances filed by or against me.

I hereby release the Town of Topsail Beach its officers, agents and assigns, and any party considered in determining my suitability for employment by the Town of Topsail Beach. I also understand that the Town of Topsail Beach is not obligated to reveal to me the nature or contents of any confidential reports received.

Photocopy of this release form will be valid as an original thereof, even though such photocopy does not contain my original signature.

_____ _____

Date Print or Type Applicant's Name

_____

Applicant's Signature

Sworn and subscribed before me, this ____ day of _____, 20_____

_____

Notary Public

My Commission Expires _____

(seal)