



TOWN OF ROLESVILLE EMPLOYMENT APPLICATION

An Equal Opportunity Employer

- Fill out all sections COMPLETELY and to the best of your ability. Once submitted, application materials become the property of the Town.
- An application must be received in Town Hall by 5pm on the closing date posted to ensure consideration.
- Photocopied applications must have an original signature and current date.
- Applications may be mailed or hand delivered to: Town of Rolesville, PO Box 250, 502 Southtown Circle, Rolesville, NC 27571.
- If a position is posted as "may close without notice," APPLY IMMEDIATELY.

PERSONAL INFORMATION

Last Name	First	Middle	Home Phone
Address			Cell Phone
City/State/ZIP		Are you legally authorized to work in the U.S.?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address		Are you at least 18 years of age?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT INFORMATION

Position Applying For	Date Available
Have you ever been employed with the Town before?	If yes, what department and when?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied with the Town before?	If yes, what position and when?
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related in any way to a Town employee?	If yes, then provide name, relationship, and department.
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently employed?	If yes, may we contact your employer?
<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

Check box of highest grade completed: 1-5 6-8 9-12 GED College Graduate School

Education	Name and Location	Did You Graduate?	Type of Degree or Diploma Earned, or # of yrs completed	Major / Minor
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate or Professional		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Vocational or technical school		<input type="checkbox"/> Yes <input type="checkbox"/> No		

KNOWLEDGE, SKILLS & ABILITIES

List any knowledge, skills, or abilities you have that are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. If you wish consideration for a clerical position, indicate typing speed and word processing software packages known and/or used.

1.		4.	
2.		5.	
3.		6.	

REGISTRATIONS, LICENSES, CERTIFICATIONS

List fields of work for which you have been registered, licensed or certified.

Registration	State	Number	Expiration Date
Registration	State	Number	Expiration Date
Registration	State	Number	Expiration Date
Other			

List your DRIVER'S LICENSE NUMBER and the state in which it was issued. A VALID NC driver's license is required before hire.

DL Number	State
Do you have a Commercial Driver's License?	If yes, indicate the class
<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. List most recent position first. Include military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable). "See attached resume" is NOT acceptable.**

Employer /Company Name	From	To
Street Address	Telephone Number	
City/State/ZIP	Supervisor's Name and Title	
Last Position	Starting Salary	Last Salary
Job Responsibilities in order of importance	Reason for Leaving	

Employer /Company Name	From	To
Street Address	Telephone Number	
City/State/ZIP	Supervisor's Name and Title	
Last Position	Starting Salary	Last Salary
Job Responsibilities in order of importance	Reason for Leaving	

EMPLOYMENT HISTORY (continued)

Employer /Company Name	From	To
Street Address	Telephone Number	
City/State/ZIP	Supervisor's Name and Title	
Last Position	Starting Salary	Last Salary
Job Responsibilities in order of importance	Reason for Leaving	

Employer /Company Name	From	To
Street Address	Telephone Number	
City/State/ZIP	Supervisor's Name and Title	
Last Position	Starting Salary	Last Salary
Job Responsibilities in order of importance	Reason for Leaving	

Employer /Company Name	From	To
Street Address	Telephone Number	
City/State/ZIP	Supervisor's Name and Title	
Last Position	Starting Salary	Last Salary
Job Responsibilities in order of importance	Reason for Leaving	

Employer /Company Name	From	To
Street Address	Telephone Number	
City/State/ZIP	Supervisor's Name and Title	
Last Position	Starting Salary	Last Salary
Job Responsibilities in order of importance	Reason for Leaving	

REFERENCES

If you wish to list additional references, do so below:

Name and Occupation	Address	Telephone Number
Name and Occupation	Address	Telephone Number
Name and Occupation	Address	Telephone Number

AUTHORIZATION AND RELEASE

- I certify that the answers given herein are true and complete. I understand that misrepresented, falsified, or omitted information may disqualify me for employment consideration or result in dismissal from employment with the Town of Rolesville.
- I authorize a complete background investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize the Town of Rolesville to collect from me any specimen required for drug screening and further authorize the Town of Rolesville to perform such drug screening as part of my pre-employment process. I authorize the Town of Rolesville to conduct a full employment background and criminal check using the information that I have provided in this application, resume, and/or interview.
- I understand that I am required to abide by all rules and regulations of the employer.
- I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with the Town of Rolesville is of an “at will” nature, which means that I may be terminated at any time. It is further understood that this “at will” employment relationship may not be changed by any written document unless such change is specifically approved by the Town Board.
- If I am a male age 18 through 25, I certify that I have complied with federal law regarding federal Selective Service regulations.

SIGNATURE _____ **DATE** _____

