

# ***TOWN OF TOPSAIL BEACH*** ***North Carolina***

## **APPLICATION FOR EMPLOYMENT**



To help us learn about your 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?	
<input type="checkbox"/> Wilmington Star	<input type="checkbox"/> Employment Agency
<input type="checkbox"/> Topsail Voice	<input type="checkbox"/> Friend
<input type="checkbox"/> Other Newspaper	<input type="checkbox"/> Relative
<input type="checkbox"/> Professional Magazine or Newsletter	<input type="checkbox"/> Walk-in
<input type="checkbox"/> Town's Web Site	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address <i>Number</i> <i>Street</i> <i>City</i> <i>State</i> <i>Zip Code</i>		
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
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/>

Describe any job-related training received in the United States Military.
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/>

## 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				

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

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

Employer		Dates Employed From            To		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary From            To		
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: <input type="checkbox"/> Male <input type="checkbox"/> Female		

<b>ETHNIC BACKGROUND</b>
<input type="checkbox"/> <i>White:</i> Origins in Europe, North Africa, or the Middle East. <input type="checkbox"/> <i>Black:</i> Origins in any of the black racial groups. <input type="checkbox"/> <i>American Indian or Alaskan Native:</i> Origins in the original peoples of North America. <input type="checkbox"/> <i>Asian or Pacific Islanders:</i> Origins in the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. <input type="checkbox"/> <i>Hispanic:</i> Mexican, Puerto Rico, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
<b>CITIZENSHIP</b>
<input type="checkbox"/> <i>Resident Foreign National:</i> An alien who has been admitted for permanent residence (must have Alien Registration Receipt Card, Form 1-551). <input type="checkbox"/> <i>Non-Resident Foreign National:</i> An alien admitted temporarily for specific purposes and periods of time. <input type="checkbox"/> <i>U.S. Citizen.</i>
<b>VETERAN</b>
<input type="checkbox"/> <i>Vietnam Era Veteran (8-5-64 to 5-7-75).</i> "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." <input type="checkbox"/> <i>Disabled Veteran.</i> "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." <input type="checkbox"/> <i>Disabled Vietnam Era Veteran (8-5-64 to 5-7-75).</i> Both of the above.
<b>U. S. SELECTIVE SERVICE REQUIREMENT</b>
<input type="checkbox"/> I certify that I am registered with Selective Service. <input type="checkbox"/> I certify that I am not registered with Selective Service because I am a female. <input type="checkbox"/> 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.) <input type="checkbox"/> I have not reached my 18th birthday. <input type="checkbox"/> I was born before 1960. <input type="checkbox"/> 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)