

APPLICATION FOR EMPLOYMENT

(SSN Voluntary, for Record Keeping and Data Processing Only)

**TOWN OF
MAYODAN**

Date of Application _____

Social Security Number	Last Name	First Name	Middle Name
Address (Street number and name)		City	County
State	Zip Code	Phone (Home or where you can be reached)	Business Phone

Are you related by blood or marriage to any person now working for the Town YES NO
If yes, give name, relationship to you and the agency where employed.

If subject to Military Selective Service registration, certify compliance by initialing dotted line
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Military Service

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? YES NO
Do you wish to declare a service-connected disability? YES NO
At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? YES NO
Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran? YES NO
Give dates of your (or spouse's) qualifying active military service:
Entered: _____ Separated: _____ Branch: _____ Rank: _____
Are you a member of the Military Reserves? YES NO Branch: _____ Rank: _____

CHECK the types of work you will accept: 1. Permanent full-time 2. Permanent part-time 3. Temporary full-time 4. Temporary part-time
 5. Any of the preceding 6. Work involving Travel 7. Shift or Split Shift Work

If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____

Will you accept work anywhere in N.C.? YES NO (If no, list below the counties in which you would be willing to work.)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Jobs Applied For

Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.
1. _____ 2. _____ 3. _____

Referral Source

Please indicate your referral source: _____
If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____

Education

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4
Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name and Location	Dates Attended (mo/yr)		Grad?	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
		From:	To:				
High School				YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.				YES <input type="checkbox"/> NO <input type="checkbox"/>			

Special training programs and seminars you have completed in the last five years (list):

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:

Current professional status: (List fields of work for which you have been registered)

Registration: _____ State: _____ No. _____

Licenses and certifications (List, giving dates and sources of issuance):