

TOWN OF BEAUFORT

EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer
701 Front Street, Beaufort, NC 28516
252-728-2141/252-728-3982 (Fax)
www.beaufortnc.org

Please complete all sections to the best of your ability; placing N/A in areas where needed. Once submitted, application materials become property of the Town of Beaufort. Resumes may be attached in lieu of completing the Employment History section.

CURRENT INFORMATION

Position applied for: _____ Date: _____

Name: _____
(Last) (First) (Middle Initial)

Present Address: _____
(Street Number and Name/ PO Box) (City) (State) (Zip)

Telephone: (Home) _____ (Cell) _____

Email Address: _____ Date Available for Work: _____

GENERAL INFORMATION

- Have you ever been employed by the Town of Beaufort? If yes, when and what department. _____ YES NO
- Are you now, or have you ever been related to a current Town of Beaufort employee? If yes, give name and department. _____ YES NO
- Are you able to perform all of the duties of the position for which you are applying? YES NO
- Are you an American citizen or do you currently have authorization to work in the United States? YES NO
- Did you receive your education or employment experience under another name? If yes, please list prior names. YES NO
- Have you ever been convicted of an offense against the law other than a minor traffic violation? If yes, explain. YES NO

A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, length of time since the offense, and nature of the crime will be taken into consideration.

- Are you over 18 years of age? YES NO
- Do you have the legal right to work in the United States? YES NO

The Town of Beaufort is an e-verify employer. Federal law requires the identity and employment eligibility of all persons hired.

VALID DRIVERS LICENSE INFORMATION

If you do not have a drivers' license please put 'NONE' in the blank. NUMBER _____ STATE _____

Is your drivers' license a Commercial Driver's License? YES NO

If yes, indicate class: _____

MILITARY HISTORY

- Have you ever served active duty in the United States military service? If yes, what branch? _____ YES NO
 Dates of duty: From _____ To _____
- Are you currently in the reserves or have any other obligation? If yes, explain. _____ YES NO

EDUCATION

Name of High School _____ City _____ State _____

Did you receive a diploma? YES NO If no, do you have your GED? YES NO

Education beyond high school	Name and Location	Attended From: Month and Year	Did you Graduate	Credit Hours	Degree, Diploma, Certificate Earned of # of years	Major Minor
College(s) University			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional Schools			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Technical Institutes, Internship, other			YES <input type="checkbox"/> NO <input type="checkbox"/>			

KNOWLEDGE, SKILLS & ABILITIES

Please list any knowledge, skills, or abilities you have that you feel 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 secretarial/clerical position please indicate work processing software packages you are familiar with.

REGISTRATION, LICENSES, CERTIFICATIONS

List fields of work for which you are registered, licensed or certified:

Registration: _____ State: _____ No: _____ Expiration Date: _____

Registration: _____ State: _____ No: _____ Expiration Date: _____

Other: _____

EMPLOYMENT

Record your complete work history below. Attach additional sheets if necessary. Explain any gaps in employment history. Related volunteer information should also be listed. **Resume may be submitted in lieu of completing this section.**

CURRENT OR MOST RECENT EMPLOYER

Employer Name and Address _____

Position Title _____ Starting Salary _____ Current/Ending Salary _____

Supervisors Name _____ Phone Number _____ # Supervised by you _____

Date Employed _____ Date Separated _____ Full-Time (yr(s)/mo) _____ Part-time (yr(s)/mo) _____

Reason for leaving _____

List **Major** Duties in order of importance _____

May we contact employer: YES NO

NEXT MOST RECENT EMPLOYER

Employer Name and Address _____

Position Title _____ Starting Salary _____ Current/Ending Salary _____

Supervisors Name _____ Phone Number _____ # Supervised by you _____

Date Employed _____ Date Separated _____ Full-Time (yr(s)/mo) _____ Part-time (yr(s)/mo) _____

Reason for leaving _____

List **Major** Duties in order of importance _____

May we contact employer: YES NO

NEXT MOST RECENT EMPLOYER

Employer Name and Address _____

Position Title _____ Starting Salary _____ Current/Ending Salary _____

Supervisors Name _____ Phone Number _____ # Supervised by you _____

Date Employed _____ Date Separated _____ Full-Time (yr(s)/mo) _____ Part-time (yr(s)/mo) _____

Reason for leaving _____

List **Major** Duties in order of importance _____

May we contact employer: YES NO

REFERENCES

Please list people such as co-workers, teachers, friends, etc., who have knowledge of your qualifications for the position of which you are applying. Do not list family relatives. Do not list names of supervisors noted on your employment record unless they can no longer be reached at the addresses listed.

Name _____ Address _____

Phone _____ Relationship to you _____

Name _____ Address _____

Phone _____ Relationship to you _____

Name _____ Address _____

Phone _____ Relationship to you _____

Certification and Release (must be signed and dated below)

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards and others to furnish whatever detail is available relating to my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed. In addition, I authorize the Town of Beaufort to require a pre-employment drug test and conduct a court and motor vehicle records investigation of my background should this be required as a condition of employment. I understand that if I have knowingly or neglectfully misrepresented, omitted or falsified any information on this application, I may be disqualified for employment consideration or dismissed from employment with the Town of Beaufort.

Signature: _____ **Date:** _____

Equal Opportunity Employer Statement

It is the policy of the Town of Beaufort to foster, maintain and promote equal employment opportunity. The Town shall select employees on the basis of the applicant’s qualifications for the job and award them, with respect to compensation and opportunity for training and advancement, including upgrading and promotion, without regard to age, sex, race, color, religion, national origin, disability, political affiliation, or marital status. Applicants with physical disabilities shall be given equal consideration with other applicants for positions in which their disabilities do not represent an unreasonable barrier to satisfactory performance duties with or without reasonable accommodation.

**Supplement to Town of Beaufort
Employment Application**

The Town of Beaufort is an Equal Opportunity Employer. **Please complete this form in order for us to comply with the reporting requirements of the Equal Opportunity Commission. This form will be separate from your employment application.** Other than the information you provide in Section 1, the information on this form will not be used in any way in our selection process or for any personnel action following employment. It will be maintained in personnel files which must be kept confidential under State Law. Public disclosure of this information without your consent would be a violation of state general statutes.

Section 1 Position Applied For: _____

Name: _____

Date of Application _____

Section 2 Gender: Male Female

Section 3 Ethnic Category

- White**—origins in any of the original people of Europe, North Africa or the Middle East
- Black**—origins in any of the Black racial groups of Africa (Not Hispanic)
- Hispanic**—Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin or regardless of race
- Asian or Pacific Islander**—origins in the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands
- American Indian or Alaskan Native**—origins in any of the original peoples of North America

Section 4 How did you learn of this opening (Indicate below by placing a check beside the source)

_____ Newspaper (specify) _____

_____ Employment Security Commission _____ Job Line _____ Employment Interest Card

_____ Came to Municipal Building _____ Employment Opportunity List (Where posted) _____

_____ Internet/Website _____ Other (specify) _____

Section 5 Selective Service Registration

If Male and age 18 to 26, have you registered for Selective Service? (Please circle) Yes No

If not, you will have 30 days to comply if selected for a position as required by Federal Law.

Section 6 Drug Screening—All **FINAL** applicants for high risk or safety sensitive positions must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

Section 7 Overtime Compensation Agreement—For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we generally allow the employee to choose between time off or pay for overtime worked. However, either is subject to supervisory approval and may be affected by budgetary constraints.

I certify I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.

Name _____ Date _____