

## EMPLOYMENT APPLICATION



# Town of Marshall

10 Derringer Drive - PO Box 548  
 Marshall, NC 28753  
 (828) 649-3031  
 An Equal Opportunity Employer

Received:  
 For Official Use Only:  
 QUAL: \_\_\_\_\_  
 DNQ: \_\_\_\_\_  
☐ Experience  
☐ Training  
☐ Other: \_\_\_\_\_

## PERSONAL INFORMATION

POSITION TITLE:			Job Number (if applicable):		
NAME: (Last, First, Middle)			Last Four Digits of Social Security Number:		
Former Last Name (if applicable):			Date of Birth:		
ADDRESS: (Street, City, State/Province, Zip Code)					
HOME/CELL PHONE:		ALTERNATE PHONE:		EMAIL ADDRESS:	
DRIVER'S LICENSE: <input type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE: State/Province: Number:	DRIVER'S LICENSE: Class:	LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## PREFERENCES

WHAT IS YOUR MINIMUM COMPENSATION REQUIREMENT?	
SHIFTS YOU WILL ACCEPT: Please check all that apply. <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> On Call (as needed)	
WHAT TYPE OF JOB ARE YOU LOOKING FOR? Please check all that apply. <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	
TYPES OF WORK YOU WILL ACCEPT: Please check all that apply. <input type="checkbox"/> Permanent Full Time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Temporary Full Time <input type="checkbox"/> Temporary Part Time	
OBJECTIVE:	

## 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.) From: To:	Grad?	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School			Yes No			
College/University			Yes No			
Graduate or Professional			Yes No			
Other educational or vocational school			Yes No			

## WORK EXPERIENCE

DATES:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State/Province, Zip Code)		COMPANY URL:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	# OF EMPLOYEES SUPERVISED:	

DUTIES:		
REASON FOR LEAVING:		

DATES:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State/Province, Zip Code)		COMPANY URL:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	# OF EMPLOYEES SUPERVISED:	
DUTIES:		
REASON FOR LEAVING:		

DATES:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State/Province, Zip Code)		COMPANY URL:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	# OF EMPLOYEES SUPERVISED:	
DUTIES:		
REASON FOR LEAVING:		

CERTIFICATES AND LICENSES	
TYPE:	
LICENSE NUMBER:	ISSUING AGENCY:

SKILLS
OFFICE SKILLS:

OTHER SKILLS:
LANGUAGE(S):

REFERENCES		
REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Street, City, State/Province, Zip Code)		
EMAIL ADDRESS:	PHONE NUMBER:	

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ADDRESS: (Street, City, State/Province, Zip Code)		
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ADDRESS: (Street, City, State/Province, Zip Code)		
EMAIL ADDRESS:	PHONE NUMBER:	

**Agency - Wide Questions**

1. Please provide the last 4 digits of your Social Security Number \_\_\_\_\_
2. Are you currently employed by the Town of Marshall?  
☐ Yes ☐ No
3. If you answered "yes" to the previous question, please indicate the where you are currently working.  
 \_\_\_\_\_
4. Are you related by blood or marriage to any person now working for the Town?  
☐ Yes ☐ No
5. If you answered "yes" to the previous question, please provide their name and relationship to you.  
 \_\_\_\_\_

By signing 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 concerning 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, and(or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: GS 126-30, GS 14-122.1). I also understand that it is my responsibility to update my contact information should there be any changes in my name, address, phone number, or e-mail address.

This application was submitted by:

Signature \_\_\_\_\_  
 Date \_\_\_\_\_