



# APPLICATION FOR EMPLOYMENT

**Town of Spencer**  
P.O. Box 45  
Spencer, NC 28159  
An Equal Opportunity Employer

Applications may be mailed to the address above, or hand delivered to 600 S Salisbury Avenue, Spencer, NC 28159.  
<http://www.ci.spencer.nc.us>

Fill out all sections **completely** and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. **Unsigned or incomplete applications will not be considered.** Once submitted, application materials become the property of the Town. Applications for specific job postings must be received in Town Hall by 5 pm on the closing date posted to ensure consideration. Photocopied applications must have an original signature and current date.

**(PLEASE PRINT)**

Position(s) Applied For:	Date of Application:
Available to work: <input type="checkbox"/> Full Time	Date available to work:
<input type="checkbox"/> Part Time (please indicate Mornings Afternoons Evenings)	Desired salary range:
<input type="checkbox"/> Temporary (please indicate dates available __/__/__-__/__/__)	

Last Name:	First Name:	Middle Name:
Address	Street Number or P.O. Box	City State Zip Code
Primary Telephone Number:	Secondary Telephone Number:	Email Address:

If you need to explain any answer, use the space provided under EXPLANATIONS near the end of this application.

Best time to contact you by phone: .....	_____ : _____	AM PM
Are you 18 years of age or older? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If no, what is your birth date? ____/____/_____</i>		
Are you an American citizen or do you currently have authorization to work in the US? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you receive any of your education or employment experience under another name? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, list what name _____ and explain under "Explanations"</i>		
Have you ever been employed with the Town of Spencer? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, in what department and when? _____</i>		
Have you applied with the Town of Spencer before? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, for what position and when? _____</i>		
Are you now or were you previously related in any way to a Town employee? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, give name, relationship and department _____</i>		
Are you able to perform all of the duties of the job you have applied for? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, list offense, date of conviction, and explain under "Explanations"</i>		

## EDUCATION

	Name and Location	Dates of Attendance		Number of Years Completed	Course of Study	Diploma Degree
		From	To			
<b>High School</b>						
<b>College</b>						
<b>Graduate or Professional Schools</b>						
<b>Other (specify)</b>						

Please list any knowledge, skills, or abilities you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. If you are applying for a secretarial/clerical position, indicate typing speed and word processing software packages with which you are proficient.

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Please list fields of work for which you have been registered, licensed or certified:

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Other: \_\_\_\_\_

Please list your valid Driver's License Number and the state in which it was issued. If you do not have a valid driver's license, put "NONE" in the blank.

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

Is your driver's license a Commercial Driver's License? .....  Yes  No

*If yes, indicate the class:* \_\_\_\_\_

# EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. Begin with your current or most recent position. Include military and related volunteer experience. Account for any gaps in your employment history. All spaces must be completed or marked N/A (not applicable). You are welcomed and encouraged to include a copy of your resume with the application, however: **"see attached resume" in lieu of filling out the form data below is not acceptable.**

Employer #1 (or explain gap in employment)		Dates Employed		Work Performed
		From	To	
Address				
Telephone #		Salary/Hourly Rate		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving			# of employees supervised by you	
Employer #2 (or explain gap in employment)		Dates Employed		Work Performed
		From	To	
Address				
Telephone #		Salary/Hourly Rate		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving			# of employees supervised by you	
Employer #3 (or explain gap in employment)		Dates Employed		Work Performed
		From	To	
Address				
Telephone #		Salary/Hourly Rate		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving			# of employees supervised by you	
Employer #4 (or explain gap in employment)		Dates Employed		Work Performed
		From	To	
Address				
Telephone #		Salary/Hourly Rate		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving			# of employees supervised by you	

Attach additional sheets as necessary

