



TOWN OF NAGS HEAD EMPLOYMENT APPLICATION

Human Resources Director
Post Office Box 99
5401 South Croatan Highway
Nags Head, NC 27959

Phone: 252-449-2007 Fax: 252-441-4680

PERSONAL DATA:

Name _____
Last First Middle

Mailing Address _____
Street City State Zip

Phone/other number where you can be reached _____

Email address _____

AVAILABILITY:

When are you available to begin employment? _____

Type of Employment Desired: Full-Time Part-Time Temporary Seasonal

Position Applied For _____ Date of Application _____

EDUCATIONAL BACKGROUND:

| Name and Location | Years Completed | Did you graduate | Course of Study |
|-------------------|-----------------|------------------|-----------------|
| High School | | | |
| College | | | |
| Other | | | |

If you did not graduate from high school, have you passed the High School Equivalency Test? Yes No

TRAINING:

List fields of work for which you are licensed, registered, or certified. Include date of issuance, state where license was issued, and license/registration/certificate number if applicable:

| | | |
|-------------------------------------|---|--------------------------|
| Job Duties (be specific) | | |
| Date Employed (mo/yr) | Full-time or part-time? | Full-time Part-time |
| Date Separated (mo/yr) | If part-time, no. of hours per week _____ | |
| Starting Salary: \$ _____ per _____ | Reason for leaving: | |
| Ending Salary: \$ _____ per _____ | | |

| | | |
|-------------------------------------|---|--------------------------|
| Employer | Address | Telephone () |
| Job Title | Name of Supervisor | No. Supervised by You |
| Job Duties (be specific) | | |
| Date Employed (mo/yr) | Full-time or part-time? | Full-time Part-time |
| Date Separated (mo/yr) | If part-time, no. of hours per week _____ | |
| Starting Salary: \$ _____ per _____ | Reason for leaving: | |
| Ending Salary: \$ _____ per _____ | | |

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(EMPLOYMENT HISTORY continued from previous page)

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CERTIFICATE OF APPLICANT

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for no definite period of time and that the Town of Nags Head can change wages, benefits and conditions at any time.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I have read and understand the above.

Signature of applicant _____ Date _____