



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: 252-544-5284

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 _____		

Employer	Address	Telephone ()
Job Title	Name of Supervisor	No. Supervised by You
Job Duties (be specific)		
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Starting Salary: \$ _____ per _____	Reason for leaving:	
Ending Salary: \$ _____ per _____		

(EMPLOYMENT HISTORY continued from previous page)

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

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 _____