

JOB APPLICATION

Town of Indian Trail

The Town of Indian Trail will maintain this application in an active status for 30 days. If you desire to be considered for employment after 30 days from the date of this application, you must submit and complete a new application.

The Town of Indian Trail is an Equal Opportunity Employer. The Town does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by law or the presence of a non-job related medical condition or disability.

NAME	HOME PHONE	WORK PHONE	CELL PHONE
STREET		CITY, STATE AND ZIP	

Have you ever been employed with us before? YES NO

If yes, give date: _____

Do any of your friends or relatives work here? YES NO

If yes, who? _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Date available for work: _____ / _____ / _____

What is your desired salary range? _____

Are you available to work:
 FULL-TIME
 PART-TIME
 TEMPORARY

Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? YES NO

Are you a veteran of the U.S. Military Services? YES NO

Date active service began / ended: _____

Are you a member of the National Guard/ Reserve? YES NO

Unit: _____

Obligation: _____

POSITION APPLIED FOR

DATE OF APPLICATION

HOW DID YOU LEARN ABOUT US?

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PLEASE START WITH YOUR PRESENT OR LAST JOB, INCLUDING VOLUNTEER OR MILITARY SERVICE

WORK EXPERIENCE

EMPLOYER:

ADDRESS:

TELEPHONE:

JOB TITLE:

SUPERVISOR:

SALARY:

DATES EMPLOYED:

REASON FOR LEAVING:

WORK PERFORMED:

WORK EXPERIENCE

EMPLOYER:

ADDRESS:

TELEPHONE:

JOB TITLE:

SUPERVISOR:

SALARY:

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DATES EMPLOYED:

REASON FOR LEAVING:

WORK PERFORMED:

WORK EXPERIENCE

EMPLOYER:

ADDRESS:

TELEPHONE:

JOB TITLE:

SUPERVISOR:

SALARY:

DATES EMPLOYED:

REASON FOR LEAVING:

WORK PERFORMED:

EDUCATION HISTORY

	NAME OF INSTITUTION	DATES ATTENDED	MAJOR/CONCENTRATION
HIGH SCHOOL			
UNDERGRADUATE SCHOOL			
GRADUATE SCHOOL			
OTHER			

DESCRIBE ANY SPECIALIZED TRAINING, SKILLS, INTERNSHIPS AND/OR JOB-RELATED COURSES

SUMMERIZE ANY SPECIAL JOB RELATED SKILLS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCE

REFERENCES (list persons that are not related to you and have knowledge of your qualifications)

NAME	PHONE	JOB TITLE
NAME	PHONE	JOB TITLE
NAME	PHONE	JOB TITLE

SPECIALIZED SKILLS

PC/MAC _____ WORD PROCESSING _____
TYPEWRITER _____ SHORTHAND _____
WPM _____ FOREIGN LANGUAGE _____
SPREADSHEET _____ OTHER _____

I certify that answers herein are true and complete.
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. (G.S. 126.30, G.S.14-122.1)
If employed by the Town of Indian Trail, I certify that my spouse and I have paid all current taxes owed to the Town of Indian Trail and Union County or will pay such taxes before they become delinquent, and that we will pay all such future taxes before they become delinquent. I understand that failure to comply with this provision shall be grounds for dismissal.

_____ Signature of applicant

_____ Date