



VILLAGE OF WHISPERING PINES

10 Pine Ridge Drive, Whispering Pines, NC 28327

Tel : 910-949-3141 / Fax: 910-949-3907

EMPLOYMENT APPLICATION

Applicant Information

Full Name: _____ Social Security No: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit#

City State ZIP Code
Phone: () _____ E-mail Address: _____

Position Applied For: _____

Date Available: _____ Desired Salary: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S? YES NO

Have you worked for this company before? YES NO If so, when? _____

Have you ever been convicted of a felony YES NO

If yes, explain: _____

Note: A criminal record will not necessarily exclude you from employment. Such factors as age at time of offense, rehabilitation efforts, and recency and seriousness of the crime will be taken into account. You may omit traffic violations of which you paid a fine of \$30.00 or less.

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

Skills and Machine Operation

Check the following skills you have:

- Driver's License _____ CDL License _____
- Microsoft Excel Microsoft Word Website Design
- Typing WPM _____ Shorthand/Speedwriting Adding Machine/Calculator
- Computer Skill (specify) _____ Sign Language Foreign Language _____
- Other _____

Professional Registrations, Licenses and Accreditations

Registration: _____ State: _____ Registration No: _____ Expiration Date: _____

Registration: _____ State: _____ Registration No: _____ Expiration Date: _____

Registration: _____ State: _____ Registration No: _____ Expiration Date: _____

Work History

Company: _____ Phone : () _____

Address: _____

Job Title: _____ Supervisor: _____ May we contact your current employer
YES NO

From: _____ To: _____ Starting Salary: _____ Ending Salary: _____

Duties: _____

Company: _____ Phone : () _____

Address: _____

Job Title: _____ Supervisor: _____ May we contact employer
YES NO

From: _____ To: _____ Starting Salary: _____ Ending Salary: _____

Duties: _____

Company: _____ Phone : () _____

Address: _____

Job Title: _____ Supervisor: _____ May we contact employer
YES NO

From: _____ To: _____ Starting Salary: _____ Ending Salary: _____

Duties: _____

References

Please list three professional references. Do not list family members or previously listed supervisors.

Name: _____ Relationship: _____

Company: _____ Phone () _____

Address: _____

Name: _____ Relationship: _____

Company: _____ Phone () _____

Address: _____

Name: _____ Relationship: _____

Company: _____ Phone () _____

Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Certification

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omission of information will subject me to disqualification or dismissal.

Applicant Signature: _____ Date: _____

Drug/alcohol free workplace drug screening through urinalysis applicant consent

1. I understand that as part of the pre-employment process as required by the Village of Whispering Pines, I must submit to a urinalysis drug screening.
2. I hereby voluntarily consent to and authorize this test for the purpose of screening for the presence of illegal and unauthorized drugs.
3. I hereby authorize the release of the results of this test to the Village of Whispering Pines officials.
4. I will notify the specimen collector concerning all current and recent use by me of prescription and over-the-counter medications at the time of the urine test.
5. I understand:
 - a. That a negative result from this screening is a condition of employment.
 - b. That refusal to take the test will result in my no longer being considered as a candidate for employment in the position sought.
 - c. That I may request a retest, at my own expense, of the same sample in the event of a positive test result.

Applicant Signature: _____

Date: _____

If you are below 18 years of age, signature of Consenting Parent/Legal Guardian: _____

Authorization for Release of Personal Information

To Whom It May Concern:

I am an applicant for a position with the Village of Whispering Pines. In order to determine my suitability for employment, I understand that the Village of Whispering Pines, North Carolina must make a thorough investigation of my personal records and personal background. It is in the public's best interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore I _____, DOB _____, Operators License # _____ do hereby request and authorize any bank, credit union, lending, or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, government agency, criminal and civil courts, certification /licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the authorized agent of the Village of Whispering Pines, North Carolina regarding me whether of a privileged or confidential nature.

Moreover, I hereby release the Village of Whispering Pines, North Carolina from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my employment with the Village of Whispering Pines. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at anytime result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for employment as allowed by the law.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigation process has been completed, whichever is later.

A copy of this document is considered valid, just as the original.

I have read and fully understand the above statements.

Applicant Signature

Printed Name

Address

Phone Number