

Town of Sharpsburg
P. O. Box 1759
Sharpsburg, NC 27878
Office (252) 446-9441 FAX (252) 977-7488

PERSONAL INFORMATION RELEASE

I, _____, hereby authorize to whom this document is presented to make full disclosure of any and all records, reports, and other related documents to the presenter of this document. This shall include, but not be limited to any and all medical records that which maybe deemed favorable or unfavorable upon my application submitted to Sharpsburg.

I future release any person or persons or any office or institution from any civil or criminal liability providing aforementioned information in connection with the pre-employment investigation.

Signature

Date

You may contact my present employer: YES [] NO []

SWORN TO BEFORE ME THIS
THE _____ DAY OF _____
20_____

(Signature of Notary)

MY COMMISSION EXPIRES: _____

Town of Sharpsburg
Application for Employment

NOTICE TO APPLICANT: This application will be retained in the Personnel Department for a period of six months. If by that time you have not heard from us it will be necessary for you to re-apply unless you request in writing that the application be retained for a longer period of time.

TYPE OF WORK/
POSITION APPLIED FOR: _____ DATE: _____

FULL TIME OR PART TIME TELEPHONE NO: _____

Specify days and hours if part time: _____

NAME _____
(last) (first) (middle)

PRESENT ADDRESS: _____ / APT. NO. _____

_____ HOW LONG AT
PRESENT ADDRESS _____

Notify in case of emergency: _____
(Name) (Telephone)

Social Security No. _____ Date of Birth: _____

Driver's License No. _____ State: _____

Do you have relatives working for the town: YES NO Relationship: _____

Have you had a serious injury or illness in the past 5 years? YES NO

If yes, describe; _____

Have you ever received compensation for injuries? YES NO

If yes, describe; _____

Do you have any physical handicaps that would prevent you from performing specific kinds of work? YES NO

If yes, describe the defects and the work limitations: _____

Have you ever been convicted of a criminal offense or do you have any criminal charges pending in court? YES NO

NOTE: A conviction does not automatically mean you cannot be appointed. What you were convicted of and how long ago are important. Give **all the facts** so that a decision can be made. (You may omit traffic offenses, which you paid a cost of \$125.00 or less. If you answer "YES" give all the details below. Show for each offense (1) date (2) charge (3) county (4) action taken.

EDUCATION

School Name & Location

Years Attended
From To

Graduated

Course or
Major

High School: _____ YES NO _____

College or University: _____ YES NO _____

GED YES NO Date Received: _____

GENERAL INFORMATION

List equipment, which you can operate, that relates to the position applied for: _____

Describe any other experiences, skills, or qualifications which you feel would relate to the position you applied for:

MILITARY SERVICE

Have you ever served in the armed forces? YES NO If so, what branch; _____

Dates of Duty: FROM _____ TO _____
Month Day Year Month Date Year

Rank at separation: _____ Honorable Discharge: YES NO

If no explain; _____

List duties in the service; _____

Active Reserve Status: YES NO

EMPLOYMENT HISTORY

Start with your present or most recent employer

Name of Employer: _____ Address _____

Employed From _____ to _____, Name of immediate supervisor: _____

Title/position _____ Starting salary; \$ _____ Ending salary; \$ _____

Type of work or responsibilities; _____

Reason for leaving; _____

Name of Employer _____ Address _____

Employed From _____ to _____, Name of immediate supervisor _____

Title/position _____ Starting salary; \$ _____ Ending salary; \$ _____

Type of work or responsibilities; _____

Reason for leaving; _____

Name of Employer _____ Address _____

Employed From _____ to _____, Name of immediate supervisor; _____

Title/position _____ Starting salary; \$_____ Ending salary,
\$_____

Type of work or responsibilities; _____

Reason for leaving; _____

Name of Employer _____ Address _____

Employed From _____ to _____, Name of immediate supervisor; _____

Title/position _____ Starting salary; \$_____ Ending salary;
\$_____

Type of work or responsibilities; _____

Reason for leaving; _____

May we contact the employers listed above? YES NO If no, indicate which ones: _____

PERSONAL REFERENCES

Give the names of three persons that are actually acquainted with your reputation. Do not give names of past or present employers.

1. Name: _____

Address: _____

Years known: _____ Occupation: _____ Phone: _____

2. Name: _____

Address: _____

Years known: _____ Occupation: _____ Phone: _____

3. Name: _____

Address: _____

Years known: _____ Occupation: _____ Phone: _____

I hereby certify that the answers given by me to the foregoing questions and the statements made by me are truthful to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of the facts called for in this application or any supplements thereto is cause for rejection to my application or discharge at any time during my employment. I voluntarily authorize my former employers, schools, and persons named herein to give information regarding me. I hereby release said organizations or persons from any liability or damage whatsoever. I also authorize a background investigation to be carried out.

I understand that as a condition of employment, I will be required to pass an employment physical and any future physical examination required by the TOWN of SHARPSBURG. I understand that such employment is subject to the policies of the TOWN of SHARPSBURG and the passing of any required written, physical agility, or skill examination. It is understood that the use of this form does not indicate that there are any position openings and does not in any way obligate the TOWN of SHARPSBURG.

Signature: _____ Date: _____