

**TOWN OF ROBBINS
 101 N. MIDDLETON ST.
 PO BOX 296
 ROBBINS, NC 27325
 PHONE 910-948-2431 FAX 910-948-3981**

APPLICATION FOR EMPLOYMENT

NOTICE: To be considered for employment by the Town of Robbins, you must complete all sections of this application form. Give complete information in each section. "See Résumé" is not an acceptable answer for any section. If more room is needed, use the back of the form or attach a separate sheet. You are not required to include your entire Social Security #. You may use the last four numbers. A resume or other supporting information may be submitted with this application. The Town of Robbins is an Equal Opportunity Employer.

Date of Application:		Social Security #:	
Last Name:		First Name:	Middle In:
Address (Street or PO Box):			
State:	Zip Code:	Phone:	Bus. Phone:
Are you related by blood or marriage to anyone currently employed by the Town of Robbins? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list who:			
Have you served honorably in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates, branch, and rank:			
Check the types of work you will accept: <input type="checkbox"/> Permanent Full-Time <input type="checkbox"/> Permanent Part-Time <input type="checkbox"/> Temporary Full-Time <input type="checkbox"/> Temporary Part-Time			
Specific job applying for:			
Education Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 Grad School: 1 2 3 4			
High School Name & Location:		Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Attended: From mo/yr _____		To mo/yr _____	
College Name & Location:		Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Major _____		Minor _____	
Dates Attended: From mo/yr _____		To mo/yr _____	
Type degree, diploma, or certificate received _____			
Graduate or Masters Name & Location:		Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Major _____		Minor _____	
Dates Attended: From mo/yr _____		To mo/yr _____	
Type degree, diploma, or certificate received _____			

<p>Vocational & other Name & Location: Graduate? <input type="checkbox"/>Yes <input type="checkbox"/>No Major _____ Minor _____</p> <p>Dates Attended: From mo/yr _____ To mo/yr _____ Type degree, diploma, or certificate received _____</p>
<p>Training & Licenses: List training & licenses you have received relevant to the job you are applying for:</p>
<p>Membership in Professional Organizations: List organizations of which you are a member that are relevant to the job you are applying for:</p>
<p>Equal Opportunity Information: The information below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.</p> <p>Date of Birth mo/day/yr. _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnic Group: <input type="checkbox"/> White (not Hispanic) <input type="checkbox"/> Black (not Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian</p>
<p>Drivers License Do you possess a valid NC driver's license? <input type="checkbox"/> Yes DL# _____ <input type="checkbox"/> No</p>
<p>Have you ever been convicted of an offense against the law, other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in detail. Use a separate sheet if necessary.</p>
<p>Skills Check the following skills, experience that you possess:</p> <p><input type="checkbox"/> Sign language <input type="checkbox"/> Foreign language, specify _____ <input type="checkbox"/> Legal transcription <input type="checkbox"/> Braille <input type="checkbox"/> Word Processing <input type="checkbox"/> Shorthand specify WPM _____ <input type="checkbox"/> Clerical Machines <input type="checkbox"/> Heavy equipment, specify _____ <input type="checkbox"/> Mechanics tools</p>

Work History (Use additional sheets if necessary)

Current or last employer _____
Address _____
Supervisor's Name _____
Phone Number _____ May we call? Yes No
Number supervised by you _____
Date employed mo/yr _____ Date separated mo/yr _____
Starting salary \$ _____ per _____ Ending salary \$ _____ per _____
Full-time or Part-time? _____ Number of hrs/week _____
Reason for separation? _____
Job Title _____

List duties:

Current or last employer _____
Address _____
Supervisor's Name _____
Phone Number _____ May we call? Yes No
Number supervised by you _____
Date employed mo/yr _____ Date separated mo/yr _____
Starting salary \$ _____ per _____ Ending salary \$ _____ per _____
Full-time or Part-time? _____ Number of hrs/week _____
Reason for separation? _____
Job Title _____

List duties:

Current or last employer _____
Address _____
Supervisor's Name _____
Phone Number _____ May we call? Yes No
Number supervised by you _____
Date employed mo/yr _____ Date separated mo/yr _____
Starting salary \$ _____ per _____ Ending salary \$ _____ per _____
Full-time or Part-time? _____ Number of hrs/week _____
Reason for separation? _____
Job Title _____

List duties:

Current or last employer _____
Address _____
Supervisor's Name _____
Phone Number _____ May we call? Yes No
Number supervised by you _____
Date employed mo/yr _____ Date separated mo/yr _____
Starting salary \$ _____ per _____ Ending salary \$ _____ per _____
Full-time or Part-time? _____ Number of hrs/week _____
Reason for separation? _____
Job Title _____
List duties:

Referral Source (ie Newspaper, ESC, website, etc.):

References: List 3 people, not related to you, as references for your application.

Name:
Address:
Phone:

Name:
Address:
Phone:

Name:
Address:
Phone:

Certification

I certify that I have given true and accurate information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration, and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed and/or criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant _____ Date _____

