



# **TOWN OF NEWPORT**

## **EMPLOYMENT APPLICATION**

**P.O. Box 1869 200  
Howard Blvd  
Newport, NC 28570  
252-223-4749**

**PERSONAL DATA:**

Name \_\_\_\_\_  
                     Last                    First                    Middle

Mailing Address \_\_\_\_\_  
   Street  City  State  Zip

Home phone/other number where you can be reached \_\_\_\_\_ Work phone \_\_\_\_\_

**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 position applied for calls for specific courses, indicate courses and credit received. \_\_\_\_\_

\_\_\_\_\_

**SKILLS:**

Indicate skills, knowledge, and abilities in the following areas which relate to the position you are applying for. Please check all that apply and that you would be able to use immediately upon employment.

Typing \_\_\_\_\_ wpm  
 Shorthand \_\_\_\_\_ wpm  
 Transcription \_\_\_\_\_ wpm  
 Computer software (specify) \_\_\_\_\_

Speedwriting \_\_\_\_\_ wpm  
 Data Entry \_\_\_\_\_ wpm  
 Adding Machine/Calculator \_\_\_\_\_

Computer hardware (specify) \_\_\_\_\_  
 Computer operating systems/platforms (Windows 95, Novell, etc.) \_\_\_\_\_

Computer programming (specify languages and equipment) \_\_\_\_\_

**REFERENCES:** List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying, such as co-workers, teachers, etc. DO NOT list supervisors you have listed elsewhere on this employment application.

Name, Occupation, and Address	Telephone	Years Known
	( )	
	( )	
	( )	

**GENERAL INFORMATION:**

Do you currently work for the Town of Newport? Yes No  
 Are you a former employee of the Town of Newport? Yes No  
 If yes, please indicate dates of employment \_\_\_\_\_

Are you required under the Military Selective Service Act to present yourself for and submit to registration with the United States Military? Yes No  
 If so, have you complied with this requirement? Yes No  
 Are you legally eligible to work in the United States? Yes No

Have you been convicted of a misdemeanor or a felony in the past five years? In North Carolina, a minor traffic offense not punishable by imprisonment is identified as an "infraction" and is not included in the question.) Yes No

If yes, please explain: \_\_\_\_\_

**NOTE:** A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.

Do you have a valid driver's license? Yes No  
 If yes, please indicate state and number \_\_\_\_\_

**EMPLOYMENT HISTORY:** Use a separate section for each position. Describe in detail all work experience beginning with your present or most recent job.

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)		
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 ____		

(EMPLOYMENT HISTORY continued from previous page)

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 ____		

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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 ____		

**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 Newport 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 \_\_\_\_\_