

Education Background

Circle the highest level of education completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Education	Name & Location	Attended		Did you Graduate?	Degree, Diploma or Certificate Earned
		From	To		
		Mo/Yr	Mo/Yr		
High School or GED				Yes / No	
Technical Colleges or 4-Year College or Universities				Yes / No	
				Yes / No	
Graduate or Professional Schools				Yes / No	
				Yes / No	

Skills, Knowledge & Abilities

Please list any skills, knowledge, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate. If you wish consideration for an administrative position, indicate speeds for typing or 10-key pad.

Registrations, Licenses, Certifications

List fields of work for which you have been registered, licensed or certified.

Registration: _____ State: _____ No: _____ Exp. Date: _____
 Registration: _____ State: _____ No: _____ Exp. Date: _____
 Other: _____

Do you possess a driver's license? Yes [] No []

If YES, please list state where issued and license number: _____

Do you possess a Commercial Driver's License? Yes [] No []

If YES, indicate the class, number, and state of issuance: _____

Employment Experience

A complete application will contain at least **10 years of employment history**. All addresses must include complete mailing addresses. **All questions must be answered completely** and any gaps in employment explained.

CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title _____ Starting Salary _____ Last Salary _____
 Name and title of supervisor _____ Number employees supervised by you _____
 Employer or company _____ Telephone # (_____)
 Address _____
Street City State Zip
 Date Employed _____ Duties _____
 Date Separated _____
 Full-time for:

Years	Months
-------	--------

 Part-time for:

Years	Years
-------	-------

 Reason for leaving or desiring a change: _____

CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title _____ Starting Salary _____ Last Salary _____
 Name and title of supervisor _____ Number employees supervised by you _____
 Employer or company _____ Telephone # (_____)
 Address _____
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 Date Separated _____
 Full-time for:

Years	Months
-------	--------

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Years	Months
-------	--------

 Part-time for:

Years	Years
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Years	Months
-------	--------

 Part-time for:

Years	Years
-------	-------

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CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

Job Title _____ Starting Salary _____ Last Salary _____

Name and title of supervisor _____ Number employees supervised by you _____

Employer or company _____ Telephone # (_____)

Address _____

Street City State Zip

Date Employed _____ Duties _____

Date Separated _____

Full-time for:	Years	Months	Reason for leaving or desiring a change: _____
Part-time for:	Years	Years	

References

	Name	Address	City, State & Zip	Daytime Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Have you had disciplinary action taken against you in the past 12 months? Yes [] No []

If yes, explain: (A "YES" will not automatically disqualify you.) _____

Have you ever been dismissed or forced to resign from any job? Yes [] No []

If yes, explain: (A "YES" will not automatically disqualify you.) _____

May we contact your present employer for reference? Yes [] No []

If no, explain: _____

Certification and Release

To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented or falsified any of the application information I may be disqualified for employment consideration or dismissed from employment with the City.

I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.

A Motor Vehicle Report or other Investigative reports may be requested in connection with your application for employment. Any information, which we have or may obtain about you or other individuals will be treated confidentially, however, it could impact our decision regarding your employment. You have the right to see personnel information collected about you, and you have the right to correct any information that may be incorrect. By signing below, you are granting us, our Insurance Agent/Carrier permission to access your Motor Vehicle record and any other records needed to make a prudent decision regarding your employment status.

I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the City of Mebane, and associations, registration and licensing boards and others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information received from an employer or educational institution under a promise of confidentiality.

I understand that, if I apply or have applied for employment, I may be tested for drug and alcohol use to determine if I am currently abusing these substances. I consent to the testing and understand that the result could preclude my employment.

I further understand that if employed, my work will be subject to a six (6) months probationary period, and if it is found that I am not adapted to the assigned work, I may be terminated without further reason, and without prejudice.

SIGNATURE _____ **DATE** _____