

Town of Highlands

Application for Employment

Personal Information

Name:

Address:

City, State, Zip

Home Phone:

Cell Phone:

Job applied for:

Education

Type of School	Name and Location	Years Completed	Major or Degree
High School			
College			
Other			

Special skills or training applicable to employment

Drivers License No.

State of Issue

Is this a CDL?

Yes

No

Continue on the next page

Employment History (Start with most recent)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

Starting:

Ending:

Complete Address:

Phone #:

Last job title:

Duties performed:

Reason for Leaving (be specific):

May we contact your employer: yes no

Continue on the next page

Employment History (Continued)

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

Starting:

Ending:

Complete Address:

Phone #:

Last job title:

Duties performed:

Reason for Leaving (be specific):

May we contact your employer: yes no

Continue on the next page

Employment History (Continued)

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

Starting:

Ending:

Complete Address:

Phone #:

Last job title:

Duties performed:

Reason for Leaving (be specific):

May we contact your employer: yes no

Continue on the next page

Military Record

Branch	Rank	Duties	From	To

Additional Data

Type of employment: Full-Time part-time Full or part-time Salary desired:

How did you hear about this job?

Have you ever worked here before? Yes No If so, how long? Position:

Reason for leaving:

Personal References

Name	Address	Telephone	Relationship

Continue on the next page

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

The information provided by me in this application is true and complete to the best of my knowledge. I grant permission for my criminal record, if any, to be reviewed. I understand that if I am employed, any false statement made in this application will be considered as cause for possible dismissal.

Applicant's Signature

Date

The Town of Highlands is an equal opportunity employer, and does not discriminate on the basis of race, sex, color, religion, national origin, age, or handicap. In accordance with the Americans with Disabilities Act, the Town of Highlands as a specific policy does not discriminate against any qualified individual on the basis of disability, unless that person is unable to perform essential functions required by his or her job.

Please return form to:

Town of Highlands
P. O. Box 460
Highlands, NC 28741

FAX 828-526-2595

emilie.nickerson@highlandsnc.org

For office use only:

Interviewed by:

Date