



EMPLOYMENT APPLICATION

102 East Front Street, P.O. Box 296 Lillington NC 27546
 • phone 910-893-2654 • fax 910-893-3693
 lillingtonnc.org

- Fill out all sections COMPLETELY. Once submitted, application materials become the property of the Town.
- An application must be received by 5:00pm on the closing date posted to ensure consideration.
- The Town does not accept FAXED applications. Photocopied applications must have an original signature and current date.
- Application may be mailed or hand-delivered to: Town of Lillington, P.O. Box 296, NC 27546. Applications may also be submitted electronically to Lisa Young, Assistant Town Manager, at lyoung@lillingtonnc.org.
- If a position is posted as “may close without notice,” please apply IMMEDIATELY.

Personal Information			
Last Name:	First:	Middle:	Home Phone:
Address:			Mobile Phone:
City / State:		Zip:	Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:			

Employment Information	
Position Applying For:	Date Available:
Have you ever applied with the Town before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what department and when?
Current, or most recent, Base Salary: <i>(You may be asked to provide a pay stub as verification of current salary)</i>	Compensation Expectations:
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to a town employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name and department.	

Education			
College:	Major:	Degree:	Highest Level Completed:
High School:	Location:	Degree or Equivalent:	Highest Level Completed:

Registrations, Licenses, Certifications			
Registration:	State:	Number:	Expiration Date:
Registration:	State:	Number:	Expiration Date:
Other:			

Please list your DRIVER'S LICENSE NUMBER and the state in which it was issued. A VALID N.C. driver's license is required before hire.

D.L. Number:	State:
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Knowledge, Skills and Abilities

Please list any knowledge, skills or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. If you wish consideration for a clerical position, include typing speed and word processing software packages known and/or used. **“See attached résumé” is not acceptable.**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Employment History

Record your complete work history in the spaces below. If needed, additional sheets, containing the same information and in the same format, are acceptable. List most recent position first. Include all military and related volunteer experience. Please be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable).** **“See attached résumé” is NOT acceptable.**

Company Name:	From:	To:
Street Address:	Telephone Number:	
City/State/Zip:	Supervisor's Name:	
Last Position:	Starting Salary:	Last Salary:
Reason for Leaving:		

Job Responsibilities:

Employment History (continued)

Company Name:	From:	To:
Street Address:	Telephone Number:	
City/State/Zip:	Supervisor's Name:	
Last Position:	Starting Salary:	Last Salary:
Reason for Leaving:		

Job Responsibilities:

Company Name:	From:	To:
Street Address:	Telephone Number:	
City/State/Zip:	Supervisor's Name:	
Last Position:	Starting Salary:	Last Salary:
Reason for Leaving:		

Job Responsibilities:

Employment History (continued)

Company Name:	From:	To:
Street Address:	Telephone Number:	
City/State/Zip:	Supervisor's Name:	
Last Position:	Starting Salary:	Last Salary:
Reason for Leaving:		

Job Responsibilities:

Company Name:	From:	To:
Street Address:	Telephone Number:	
City/State/Zip:	Supervisor's Name:	
Last Position:	Starting Salary:	Last Salary:
Reason for Leaving:		

Job Responsibilities:

References

List three individuals (not related to you) who are familiar with your work-related skills.

Name:		Telephone Number:
Company:	Address:	Years Acquainted:

Name:		Telephone Number:
Company:	Address:	Years Acquainted:

Name:		Telephone Number:
Company:	Address:	Years Acquainted:

Authorization to Provide Information

I authorize the Town of Lillington to conduct a complete background investigation in order to assess my eligibility for a position requiring a high level of reliability and trustworthiness. I authorize all persons who may have information relevant to this investigation, including employers and others to disclose it (including photocopies where requested) to the Town of Lillington or their agents. I hereby release and hold harmless from liability all persons on account of such disclosure. I understand that the investigation may include verification of past employment, review of personal records maintained by any prior employer, education, and opinions of references.

This authorization shall be valid for a period of time not to exceed one (1) year following the date indicated below or until employment is terminated, whichever occurs first. The release and hold harmless contained herein shall remain in full force and effect with respect to all disclosures provided within this time period.

I authorize that a photocopy of my signature below may be used to obtain information regarding the investigation.

I authorize that the information contained in this Employment Application Summary is truthful to the best of my knowledge, and understand that any and/or all information provided is subject to investigation and verification. Should information provided prove to be false, I understand that employment with the Town of Lillington may be terminated.



Signature

Date