

Application For Employment**TOWN OF WOODLAND****123 E. Main St.****Woodland, NC 27897****252-587-7161****252-587-1893 Fax****woodlandnc@mchsi.com**

We are an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Personal Information

Name _____

Address _____	City _____	State _____	Zip _____
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Phone Number _____	Mobile Number _____	Email Address _____
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Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have You Ever Been Charged With A Crime? If yes, please explain on a separate sheet listing dates, charges, and outcome for each. Yes <input type="checkbox"/> No <input type="checkbox"/>
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If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test?

Yes No

Do you have a valid Driver's License?	State _____	Number _____
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Position

Position You Are Applying For _____	Available Start Date _____	Desired Pay _____
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Employment Desired

 Full Time
 Part Time
 Seasonal/Temporary
Education

School Name	Location	Years Attended	Degree Received	Major

References (Do not list family members.)

Name	Title	Relationship	Phone

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (5)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip

Signature Disclaimer

1. I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
2. I authorize the Town of Woodland to obtain information from past employees and other sources to support the data on this application, including a review of my educational, criminal, and credit records, as appropriate.
3. You may contact my PRESENT employer ____ Yes or ____ No (If no, explain) _____

Name (Please Print)	Signature
Date	

Revised on 4/11/19