



# Town of River Bend EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

45 Shoreline Drive  
River Bend, NC 28562  
T 252.638.3870  
F 252.638.2580  
www.riverbendnc.org

Applications will be accepted only for positions for which the Town is recruiting and may be hand delivered or mailed to 45 Shoreline Drive, River Bend, NC 28562

Fill out all sections **COMPLETELY** and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. **Unsigned or incomplete applications will not be considered.** Once submitted, application materials become the property of the Town. An application must be received by 4 pm on the closing date posted to ensure consideration. Photocopied applications must have an original signature and current date. If a position is posted as "open until filled" or "may close without notice," **APPLY IMMEDIATELY.**

## CURRENT INFORMATION

(1) POSITION TITLE \_\_\_\_\_ DATE: \_\_\_\_\_

(2) When will you be available for employment? (i.e. immediately, 2 weeks' notice) \_\_\_\_\_

(3) Are you seeking  Full-time regular  Part-time regular  Temp./prefer regular  Temporary Only

(4) NAME: \_\_\_\_\_

(Last)

(First)

(Middle)

(5) ADDRESS: \_\_\_\_\_

Street & No. or P.O. Box

Town

State

Zip

(6) HOME TEL # (\_\_\_\_\_) \_\_\_\_\_ BUS. TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ (if applicable)

(7) Are you 18 or older?  Yes  No If NO, what is your birth date? \_\_\_\_\_

## GENERAL INFORMATION

If you need to explain any answer, use the space under EXPLANATIONS near the end of this application.

(8) Apart from absences for religious observances, check conditions that you are willing to accept.

Occasional:  night work  weekend work  overtime  rotating shifts  "on-call"

Regular:  night work  weekend work  overtime  rotating shifts  "on-call"

Frequent:  night work  weekend work  overtime  rotating shifts  "on-call"

(9) Have you ever been employed with the Town of River Bend?  Yes  No

If YES, what department and when: \_\_\_\_\_

(10) Have you applied to the Town before?  Yes  No

If YES, indicate what position and when: \_\_\_\_\_

(11) Are you willing to accept a salary within the advertised normal starting salary range?  Yes  No

(12) Are you now or were you previously related in any way to a Town employee?  Yes  No

If YES, give name, relationship and department: \_\_\_\_\_

(13) Are you able to perform all of the duties of the job for which you have applied?  Yes  No

(14) Are you an American citizen or do you currently have authorization to work in the U.S.?

Yes  No

(15) Did you receive any of your education or employment experience under another name?

Yes  No

If YES, please explain under EXPLANATIONS.

**EDUCATION Provide your complete history**

(16) Indicate highest school year completed: (i.e. 8, 12, 16) \_\_\_\_\_

(17) Name of High School \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_

(18) Have you received a high school diploma or equivalent?  Yes  No

Education Beyond High School	Name and Location	Attended From				Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
		Mo.	Yr.	Mo.	Yr.				
College or University						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate or Professional Schools						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Technical Institutes, Internship, Other						<input type="checkbox"/> Yes <input type="checkbox"/> No			

**KNOWLEDGE, SKILLS & ABILITIES**

(23) 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. Also, indicate any software applications with which you have skill.

- (a) \_\_\_\_\_ (e) \_\_\_\_\_
- (b) \_\_\_\_\_ (f) \_\_\_\_\_
- (c) \_\_\_\_\_ (g) \_\_\_\_\_
- (d) \_\_\_\_\_ (h) \_\_\_\_\_

**REGISTRATIONS, LICENSES, CERTIFICATIONS**

(24) List fields of work for which you have been registered, licensed or certified:

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Other: \_\_\_\_\_

(25) Please list your **VALID DRIVER'S LICENSE NUMBER** and the state in which it was issued. If you do not have a driver's license, please put "NONE" in the blank –  
**Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

(26) Is your driver's license a Commercial Driver's License?  Yes  No  
 If YES, indicate the class \_\_\_\_\_

# EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable).** "See attached resume" is NOT acceptable in the duties space.

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

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Employer or company \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Employer or company address \_\_\_\_\_

Name and Title of most current supervisor \_\_\_\_\_

Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ # of employees supervised by you \_\_\_\_

If you worked part-time, the number of hours worked per week \_\_\_\_\_

DUTIES IN ORDER OF IMPORTANCE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING or desiring a change \_\_\_\_\_

\_\_\_\_\_

## B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Employer or company \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Employer or company address \_\_\_\_\_

Name and Title of most current supervisor \_\_\_\_\_

Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ # of employees supervised by you \_\_\_\_

If you worked part-time, the number of hours worked per week \_\_\_\_\_

DUTIES IN ORDER OF IMPORTANCE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING or desiring a change \_\_\_\_\_

\_\_\_\_\_

**NOTE: If more than two more sections are necessary to provide employment history, make copies of this page prior to populating the spaces.**

**C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)**

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Employer or company \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Employer or company address \_\_\_\_\_

Name and Title of most current supervisor \_\_\_\_\_

Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ # of employees supervised by you \_\_\_\_\_

If you worked part-time, the number of hours worked per week \_\_\_\_\_

DUTIES IN ORDER OF IMPORTANCE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING or desiring a change \_\_\_\_\_

\_\_\_\_\_

**D. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)**

JOB TITLE \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Date employed \_\_\_\_\_ Date Separated \_\_\_\_\_

Employer or company \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

Employer or company address \_\_\_\_\_

Name and Title of most current supervisor \_\_\_\_\_

Full-time for: Yrs \_\_\_\_ Mos \_\_\_\_ Part-time for: Yrs \_\_\_\_ Mos \_\_\_\_ # of employees supervised by you \_\_\_\_\_

If you worked part-time, the number of hours worked per week \_\_\_\_\_

DUTIES IN ORDER OF IMPORTANCE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REASON FOR LEAVING or desiring a change \_\_\_\_\_

\_\_\_\_\_

(27) Have you had disciplinary action taken against you in the past 24 months?  Yes  No  
 (If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)

(28) a.) Have you ever been dismissed or forced to resign from any job held?  Yes  No  
 b.) Were you dismissed or forced to resign for disciplinary reasons? Yes No  N/A  
 c.) Have you ever been convicted of anything other than a misdemeanor?  Yes  No  N/A  
 If YES to "a" "b", "c", explain under EXPLANATIONS. (A YES will not automatically disqualify you.)

(29) If you are not currently employed, please check here  . If NOT, explain under EXPLANATIONS.  
 May we contact your present employer for reference prior to an interview (if granted)?  Yes  No

**EXPLANATIONS-** If necessary, you may attach additional sheets for explanations.

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**Certification and Release (MUST BE SIGNED AND DATED BELOW)**

- 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, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the Town.
- I authorize my current and former employers to give any information regarding my employment, or me whether or not it is on their records. I hereby release them from any damage whatsoever for issuing it.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town; and associations, registration and licensing boards and to 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 the Town receives from an employer or educational institution under a promise of confidentiality.
- I also permit the Town to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background where related to the job for which I am applying.
- I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently using or abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I understand and agree that if hired, either the Town Manager or I has the right to terminate my employment at any time, with or without cause and with or without notice. I understand that no manger or representative of the Town other than the Town Manager has any authority to enter into any agreement contrary to the forgoing either now, in the past or in the future. I further understand that such an agreement must be in writing and signed by the Town Manager for it to be binding on either the Town or me. I further understand that this statement supersedes any prior oral or written understanding and bars any future oral understanding to the contrary.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_