



# Town of Burgaw

## EMPLOYMENT APPLICATION

### An Equal Opportunity Employer

**Submit application to:**  
 Human Resources Director  
 109 N Walker St  
 Burgaw, NC 28425  
 (910) 663-3444  
 (910) 259-6644 fax  
 krivenbark@burgawnc.gov

- Fill out all sections COMPLETELY. Unsigned or incomplete applications will not be considered. Once submitted, application materials become the property of the Town.
- Applications may be emailed to krivenbark@burgawnc.gov, hand delivered or mailed to 109 N. Walker St., Burgaw, NC 28425, or faxed to (910) 259-6644.
- It is important that you fill out all sections of this application 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.

Personal Information			
Last Name:	First Name:	Middle	Home Phone:
Maiden name or any other name you may have worked or received education under:			
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: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Date Available:
Have you ever applied for the Town before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what department and when?
Current, or most recent, Base Salary:	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:	
How did you learn of this job posting? <input type="checkbox"/> Newspaper <input type="checkbox"/> Burgaw Webpage <input type="checkbox"/> Social Media <input type="checkbox"/> Word of Mouth <input type="checkbox"/> NC Works <input type="checkbox"/> Other _____	

Education			
High School:	Years attended:	Degree or Equivalent:	Highest Level Completed:
Vocational/Technical School:	Years attended:	Degree/Diploma:	Major/Subjects:
College/University:	Years attended:	Degree/Diploma:	Major/Subjects:
Graduate/Professional School	Years attended:	Degree/Diploma:	Major/Subjects:

**Driver's License: A VALID NC driver's license is required before hire.**

Driver's License Number and Type:	State:	Expiration Date:
Driver's License Number from Prior State:	State:	Expiration Date:

**General Information**

Have you ever been convicted of any felony under the name you used on this application or under any other name? (Omit traffic violations with fines of \$100 or less)  Yes  No

If yes, please explain when, where, and disposition of case. NOTE: The existence of a criminal record does not automatically eliminate you from employment consideration.

---



---

Have you ever been charged with any type of criminal offense?  Yes  No

If yes, please explain. NOTE: The existence of a criminal record does not automatically eliminate you from employment consideration.

---



---

**Registrations, Licenses, Certifications**

License/Certification:	State:	Number:	Expiration Date:
License/Certification:	State:	Number:	Expiration Date:
Other:			

**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 as well as computer knowledge and specific software skills. **"See attached resume" is NOT acceptable.**

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

## 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. Please 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.**

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:

---

---

---

---

---

## Military Experience

Have you ever served in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch:
Dates of duty (From/To):	Any current reserves or military obligation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a widow of a veteran, or wife of a disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><u>FOR MALES AGE 18 THROUGH 25 ONLY</u></b>	
<p>Males who are 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Act. State law prohibits local government from employing anyone who has not complied with this requirement.</p> <p>Please indicated if you have registered for Selective Service.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	

## References

Please do not list family relatives. We recommend listing persons such as coworkers, teachers, etc., who have knowledge of your qualifications for the position for which you are applying. Do not repeat names of supervisors listed with your employment record unless they can no longer be contacted at those addresses. If we may contact by telephone, please list the appropriate number.

Name:	Telephone Number:
Relationship:	Years Acquainted:
Address:	

Name:	Telephone Number:
Relationship:	Years Acquainted:
Address:	

Name:	Telephone Number:
Relationship:	Years Acquainted:
Address:	

## Authorization

**Please read and sign the statement below. We will not check a reference with your current employer unless you have given us permission.**

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

It is the policy of the Town of Burgaw to ensure that its employees are free from the effects of alcohol and drugs. All applicants selected must satisfactorily pass a drug-screening test. Those applicants with a confirmed positive test for drugs/alcohol will not be hired.

I authorize my current and former employers to give any information regarding my employment, together with any information regarding me whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same. I also permit the Town of Burgaw to conduct a Police and Court Records investigation of my background.

I also authorize schools and other educational institutions that I may have attended to reveal my scholastic ratings to the Town of Burgaw representatives who are investigating my educational background.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_