



**TOWN OF NASHVILLE  
APPLICATION FOR EMPLOYMENT**

P. O. Drawer 987  
200 West Washington Street  
Nashville, North Carolina 27856

Telephone 252 459-4511  
Fax 252 459-8926  
Email Cynthia.Brake@ncmail.net

NOTICE TO APPLICANTS: The Town of Nashville is an Equal Opportunity Employer. We appreciate your interest in employment with the Town of Nashville. Please complete the entire application thoroughly and accurately.

TYPE OF WORK/  
POSITION APPLYING FOR: \_\_\_\_\_ Date \_\_\_\_\_

Do you want to work \_\_\_\_ Full Time or \_\_\_\_ Part Time Telephone Number \_\_\_\_\_

Specify days and hours if part-time \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street City State County Zip

Notify in case of emergency \_\_\_\_\_  
Name Phone Number

Address \_\_\_\_\_  
Street City State County Zip

Are you 18 years of age or older? \_\_\_\_ Yes \_\_\_\_ No

Do you have relatives working with the town? \_\_\_\_ Yes \_\_\_\_ No

How did you learn of this opening \_\_\_\_\_

Have you ever worked for the Town of Nashville before? \_\_\_\_\_

If hired, on what date will be able to begin work? \_\_\_\_\_

Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges of any offense against the law? \_\_\_\_ Yes \_\_\_\_ No

NOTE: A conviction does not automatically mean you cannot be appointed. What you were convicted of and how long ago are important. Give all the facts so that a decision can be made. (You may omit traffic offenses of which you paid a fine of \$50.00 or less). If your answer is, "YES" give details below. Show for each offense: 1. Date, 2. Charge, 3 place, 4. Court and 5. Action taken

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

**Education**

School Name & Location	Years From	Attended To	Graduated	Course or Major
High School: _____			____ YES	_____
_____			____ NO	_____
College or University: _____			____ YES	_____
_____			____ NO	_____
GED ____ No ____ Yes	Date Received _____			

**General Information**

List equipment, which you can operate, that relates to the position applied for:

\_\_\_\_\_

\_\_\_\_\_

Describe any other experiences, skills or qualifications, which you feel, would be important to include:

\_\_\_\_\_

\_\_\_\_\_

**Military History**

Have you ever served in the armed force? \_\_\_\_ Yes \_\_\_\_ No If, yes what branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ to \_\_\_\_\_ Any current reserves or military obligation? \_\_\_\_\_ Rank at separation \_\_\_\_\_

List duties in the service (including special training) \_\_\_\_\_

\_\_\_\_\_

**FOR MALES AGE 18 THROUGH 25 ONLY**

Males who are 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Service Act. State law prohibits local government from employing anyone who has not complied with this requirement. Please indicate if you have registered for Selective Service: \_\_\_\_ Yes \_\_\_\_ No

**Employment History**

BEGIN WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT

1. Name and address of Employer \_\_\_\_\_

\_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position Held or Title \_\_\_\_\_

Name and Title of immediate Supervisor \_\_\_\_\_

Type of work or major duties \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ Annual Ending Salary \$ \_\_\_\_\_ Annual

Reason for leaving \_\_\_\_\_

2. Name and address of Employer \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position Held or Title \_\_\_\_\_

Name and Title of immediate Supervisor \_\_\_\_\_

Type of work or major duties \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ Annual      Ending Salary \$ \_\_\_\_\_ Annual

Reason for leaving \_\_\_\_\_

3. Name and address of Employer \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position Held or Title \_\_\_\_\_

Name and Title of immediate Supervisor \_\_\_\_\_

Type of work or major duties \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ Annual      Ending Salary \$ \_\_\_\_\_ Annual

Reason for leaving \_\_\_\_\_

4. Name and address of Employer \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Position Held or Title \_\_\_\_\_

Name and Title of immediate Supervisor \_\_\_\_\_

Type of work or major duties \_\_\_\_\_

Starting Salary \$ \_\_\_\_\_ Annual      Ending Salary \$ \_\_\_\_\_ Annual

Reason for leaving \_\_\_\_\_

May we contact the employers listed? \_\_\_\_\_ If not, indicated which one and why we should contact them.

### **PERSONAL REFERENCES**

Give names of three persons personally acquainted with your reputation. Do not give names of relatives or former employers.

Name	Address	Years Known	Occupation	Phone
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1. \_\_\_\_\_

2.

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3.

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I HEREBY CERTIFY that the answers given by me to the foregoing questions and the statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application or any supplements thereto, is cause for rejection to my application or discharge at any time during my employment. I voluntarily authorize my former employers, school, and person's name herein to give information regarding me. I hereby release said organizations or persons from any liability or damages whatsoever. I also authorize a background investigation to be carried out.

It is understood that the use of the form does not indicate there are any position openings and does not in any way obligate the TOWN.

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Applicants Signature

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Date of Application

### **NOTICE TO APPLICANTS**

It is the policy of the Town of Nashville not to discriminate on the basis of race, sex, national origin, disability, age, creed, or religion in any employment decision.

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

### **RETURN APPLICATION TO:**

Human Resources Department  
Town of Nashville  
P. O. Drawer 987  
200 West Washington Street

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