



**Education Background**

Circle the highest level of education completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Education	Name & Location	Attended		Did you Graduate?	Degree, Diploma or Certificate Earned
		From	To		
		Mo/Yr	Mo/Yr		
High School or GED				Yes / No	
Technical Colleges or 4-Year College or Universities				Yes / No	
				Yes / No	
Graduate or Professional Schools				Yes / No	
				Yes / No	

**Skills, Knowledge & Abilities**

Please list any skills, knowledge, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you operate. If you wish consideration for an administrative position, indicate speeds for typing or 10-key pad.


**Registrations, Licenses, Certifications**

List fields of work for which you have been registered, licensed or certified.

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

Do you possess a driver's license? Yes [ ] No [ ]

If YES, please list state where issued and license number: \_\_\_\_\_

Do you possess a Commercial Driver's License? Yes [ ] No [ ]

If YES, indicate the class, number, and state of issuance: \_\_\_\_\_

**Employment Experience**

A complete application will contain at least **10 years of employment history**. All addresses must include complete mailing addresses. **All questions must be answered completely** and any gaps in employment explained.

**CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)**

Job Title _____		Starting Salary _____		Last Salary _____	
Name and title of supervisor _____			Number employees supervised by you _____		
Employer or company _____			Telephone # ( _____ )		
Address _____					
		Street			City
					State
					Zip
Date Employed _____		Duties _____			
Date Separated _____					
Full-time for:	Years	Months			
Part-time for:	Years	Years	Reason for leaving or desiring a change: _____		

**CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)**

Job Title _____		Starting Salary _____		Last Salary _____	
Name and title of supervisor _____			Number employees supervised by you _____		
Employer or company _____			Telephone # ( _____ )		
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					State
					Zip
Date Employed _____		Duties _____			
Date Separated _____					
Full-time for:	Years	Months			
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					Zip
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					State
					Zip
Date Employed _____		Duties _____			
Date Separated _____					
Full-time for:	Years	Months			
Part-time for:	Years	Years	Reason for leaving or desiring a change: _____		

**CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)**

Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_ Number employees supervised by you \_\_\_\_\_

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

Address \_\_\_\_\_

Street City State Zip

Date Employed \_\_\_\_\_ Duties \_\_\_\_\_

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

Full-time for:	Years	Months	Reason for leaving or desiring a change: _____
Part-time for:	Years	Years	

**References**

Name	Address	City, State & Zip	Daytime Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Have you had disciplinary action taken against you in the past 12 months? Yes [ ] No [ ]

If yes, explain: (A "YES" will not automatically disqualify you.) \_\_\_\_\_

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Have you ever been dismissed or forced to resign from any job? Yes [ ] No [ ]

If yes, explain: (A "YES" will not automatically disqualify you.) \_\_\_\_\_

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May we contact your present employer for reference? Yes [ ] No [ ]

If no, explain: \_\_\_\_\_

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**Certification and Release**

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 or falsified any of the application information I may be disqualified for employment consideration or dismissed from employment with the City.

I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.

A Motor Vehicle Report or other Investigative reports may be requested in connection with your application for employment. Any information, which we have or may obtain about you or other individuals will be treated confidentially, however, it could impact our decision regarding your employment. You have the right to see personnel information collected about you, and you have the right to correct any information that may be incorrect. By signing below, you are granting us, our Insurance Agent/Carrier permission to access your Motor Vehicle record and any other records needed to make a prudent decision regarding your employment status.

I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the City of Mebane, and associations, registration and licensing boards and 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 received from an employer or educational institution under a promise of confidentiality.

I understand that, if I apply or have applied for employment, I may be tested for drug and alcohol use to determine if I am currently abusing these substances. I consent to the testing and understand that the result could preclude my employment.

I further understand that if employed, my work will be subject to a six (6) months probationary period, and if it is found that I am not adapted to the assigned work, I may be terminated without further reason, and without prejudice.

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