



**Town of Manteo Employment Application**  
**P. O. Box 246, 407 Budleigh Street**  
**Manteo, NC 27954**  
**252-473-2133**

**Please Print All Information requested except signature**

**APPLICATION FOR EMPLOYMENT**  
**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PLEASE COMPLETE PAGES 1-5.** DATE \_\_\_\_\_

Name \_\_\_\_\_  

Last
First
Middle
Maiden

Present address \_\_\_\_\_  

Number
Street
City
State
Zip

How long \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_ Can you provide required proof of eligibility to work? yes no

Position applied for (1) \_\_\_\_\_ and salary desired (2) \_\_\_\_\_  
 (Be specific)

Have you ever filed an application with us before?  
Yes No (if yes give date \_\_\_\_\_)  
 Have you ever been employed with us before?  
Yes No (if yes give date \_\_\_\_\_)

Are you currently employed?  Yes No      May we contact your present employer? Yes No

Employment desired    FULL-TIME ONLY      PART-TIME ONLY      FULL- OR PART-TIME

When available for work? \_\_\_\_\_

| TYPE OF SCHOOL       | NAME OF SCHOOL | LOCATION<br>(Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
|----------------------|----------------|--|---------------------------|----------------|
| High School          |                |  |                           |                |
| College              |                |  |                           |                |
| Bus. or Trade School |                |  |                           |                |
| Professional School  |                |  |                           |                |

Have you ever been convicted of a felony within the last seven (7) years?     No       Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*We are an Equal Opportunity Employer*

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**Town of Manteo**

**APPLICATION FOR EMPLOYMENT**

Can you travel if a job requires it?  Yes  No

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's license  
number \_\_\_\_\_ State of issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffeur  
Expiration date \_\_\_\_\_

Have you had any accidents during the past three years?  Yes  No How many? \_\_\_\_\_

Have you had any moving violations during the past three years?  Yes  No How Many? \_\_\_\_\_

**OFFICE ONLY**

|        |                              |           |        |                              |                 |                              |           |
|--------|------------------------------|-----------|--------|------------------------------|-----------------|------------------------------|-----------|
| Typing | <input type="checkbox"/> Yes | _____ WPM | 10-key | <input type="checkbox"/> Yes | Word Processing | <input type="checkbox"/> Yes | _____ WPM |
|        | <input type="checkbox"/> No  |           |        | <input type="checkbox"/> No  |                 | <input type="checkbox"/> No  |           |

|                   |                              |                              |              |       |
|-------------------|------------------------------|------------------------------|--------------|-------|
| Personal Computer | <input type="checkbox"/> Yes | PC <input type="checkbox"/>  | Other Skills | _____ |
|                   | <input type="checkbox"/> No  | Mac <input type="checkbox"/> |              | _____ |

Please list three references other than relatives or previous employers.

|                        |                        |
|------------------------|------------------------|
| 1. Name _____          | 2. Name _____          |
| Company _____          | Company _____          |
| Address _____          | Address _____          |
| Telephone (____) _____ | Telephone (____) _____ |
| 3. Name _____          |                        |
| Company _____          |                        |
| Address _____          |                        |
| Telephone (____) _____ |                        |

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. \_\_\_\_\_

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**APPLICATION FOR EMPLOYMENT**

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the **past four employers** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.** *You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.*

|  |                         |                  |               |
|--|-------------------------|------------------|---------------|
| Name of employer _____<br>Address _____<br>City _____<br>State, Zip Code _____<br>Phone number _____ | Name of last supervisor | Employment dates | Pay or salary |
|  |                         | From             | Start         |
|  |                         | To               | Final         |
| Your last job title  |                         |                  |               |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|  |                         |                  |               |
|--|-------------------------|------------------|---------------|
| Name of employer _____<br>Address _____<br>City _____<br>State, Zip Code _____<br>Phone number _____ | Name of last supervisor | Employment dates | Pay or salary |
|  |                         | From             | Start         |
|  |                         | To               | Final         |
| Your Last Job Title  |                         |                  |               |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**APPLICATION FOR EMPLOYMENT**

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|   |                         |                  |                |
|---|-------------------------|------------------|----------------|
| Name of employer _____<br>Address _____<br>_____<br>City, State, Zip Code _____<br>Phone number _____ | Name of last supervisor | Employment dates | Pay or salary  |
|   |                         | From<br>To       | Start<br>Final |
| Your last job title   |                         |                  |                |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List professional, trade, business or civic activities and offices held. *(You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?  yes  no

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

I Certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. I understand, also, that I am required to abide by all rules and regulations of the employer.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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The Town of Manteo is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

*We Are An Equal Opportunity Employer*

**Town of Manteo**

**FOR PERSONNEL DEPARTMENT USE ONLY**

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed  Yes  No Date of Employment? \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_

Department \_\_\_\_\_  Full-time  Part-time  Salaried

By \_\_\_\_\_ Name and Title Date: \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER