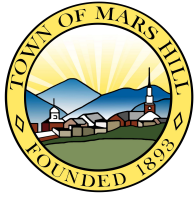


**EMPLOYMENT APPLICATION**



# Town of Mars Hill

280 North Main Street - PO Box 368  
Mars Hill, NC 28754  
(828) 689-2301  
An Equal Opportunity Employer

**Received:**  
**For Official Use Only:**  
QUAL: \_\_\_\_\_  
DNQ: \_\_\_\_\_  
 Experience  
 Training  
 Other: \_\_\_\_\_

**PERSONAL INFORMATION**

|  |  |  |  |
|--|--|--|--|
| <b>POSITION TITLE:</b>   |  | <b>Job Number (if applicable):</b>                 |  |
| <b>NAME:</b> (Last, First, Middle)   |  | <b>Last Four Digits of Social Security Number:</b> |  |
| <b>Former Last Name (if applicable):</b>   |  | <b>Date of Birth:</b>                              |  |
| <b>ADDRESS:</b> (Street, City, State/Province, Zip Code)                             |  |  |  |
| <b>HOME/CELL PHONE:</b>  |  | <b>ALTERNATE PHONE:</b>                            | <b>EMAIL ADDRESS:</b>  |
| <b>DRIVER'S LICENSE:</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>DRIVER'S LICENSE:</b><br>State/Province:<br>Number: | <b>DRIVER'S LICENSE:</b><br>Class:                 | <b>LEGAL RIGHT TO WORK IN THE UNITED STATES?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |

**PREFERENCES**

|  |  |
|--|--|
| <b>WHAT IS YOUR MINIMUM COMPENSATION REQUIREMENT?</b>  |  |
| <b>SHIFTS YOU WILL ACCEPT: Please check all that apply.</b><br><input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> On Call (as needed) |  |
| <b>WHAT TYPE OF JOB ARE YOU LOOKING FOR? Please check all that apply.</b><br><input type="checkbox"/> Regular <input type="checkbox"/> Temporary   |  |
| <b>TYPES OF WORK YOU WILL ACCEPT: Please check all that apply.</b><br><input type="checkbox"/> Permanent Full Time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Temporary Full Time <input type="checkbox"/> Temporary Part Time                    |  |
| <b>OBJECTIVE:</b>  |  |

**EDUCATION**

**Circle highest grade completed:** 1 2 3 4 5 6 7 8 9 10 11 12 GED | **College:** 1 2 3 4 | **Graduate School:** 1 2 3 4  
Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

| Schools                                | Name and Location | Dates Attended (mo./yr.) From: To: | Grad?     | S/Q Hrs. | Major/Minor Course Work | Type of Degree Received |
|--|-------------------|------------------------------------|-----------|----------|-------------------------|-------------------------|
| High School                            |                   |                                    | Yes<br>No |          |                         |                         |
| College/University                     |                   |                                    | Yes<br>No |          |                         |                         |
| Graduate or Professional               |                   |                                    | Yes<br>No |          |                         |                         |
| Other educational or vocational school |                   |                                    | Yes<br>No |          |                         |                         |

**WORK EXPERIENCE**

|  |  |                    |                                   |  |  |
|--|--|--------------------|-----------------------------------|--|--|
| <b>DATES:</b>  |  | <b>EMPLOYER:</b>   |                                   | <b>POSITION TITLE:</b>   |  |
| <b>ADDRESS:</b> (Street, City, State/Province, Zip Code) |  |                    |                                   | <b>COMPANY URL:</b>  |  |
| <b>PHONE NUMBER:</b>                                     |  | <b>SUPERVISOR:</b> |                                   | <b>MAY WE CONTACT THIS EMPLOYER?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>HOURS PER WEEK:</b>                                   |  |                    | <b># OF EMPLOYEES SUPERVISED:</b> |  |  |

|                     |  |  |
|---------------------|--|--|
| DUTIES:             |  |  |
| REASON FOR LEAVING: |  |  |

|   |                            |   |
|---|----------------------------|---|
| DATES:  | EMPLOYER:                  | POSITION TITLE:   |
| ADDRESS: (Street, City, State/Province, Zip Code) |                            | COMPANY URL:  |
| PHONE NUMBER:                                     | SUPERVISOR:                | MAY WE CONTACT THIS EMPLOYER?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| HOURS PER WEEK:                                   | # OF EMPLOYEES SUPERVISED: |   |
| DUTIES:   |                            |   |
| REASON FOR LEAVING:                               |                            |   |

|   |                            |   |
|---|----------------------------|---|
| DATES:  | EMPLOYER:                  | POSITION TITLE:   |
| ADDRESS: (Street, City, State/Province, Zip Code) |                            | COMPANY URL:  |
| PHONE NUMBER:                                     | SUPERVISOR:                | MAY WE CONTACT THIS EMPLOYER?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| HOURS PER WEEK:                                   | # OF EMPLOYEES SUPERVISED: |   |
| DUTIES:   |                            |   |
| REASON FOR LEAVING:                               |                            |   |

|                                  |                 |
|----------------------------------|-----------------|
| <b>CERTIFICATES AND LICENSES</b> |                 |
| TYPE:                            |                 |
| LICENSE NUMBER:                  | ISSUING AGENCY: |

|                |  |
|----------------|--|
| <b>SKILLS</b>  |  |
| OFFICE SKILLS: |  |

|                      |
|----------------------|
| <b>OTHER SKILLS:</b> |
| <b>LANGUAGE(S):</b>  |

|  |                      |                  |
|--|----------------------|------------------|
| <b>REFERENCES</b>  |                      |                  |
| <b>REFERENCE TYPE:</b>                                   | <b>NAME:</b>         | <b>POSITION:</b> |
| <b>ADDRESS:</b> (Street, City, State/Province, Zip Code) |                      |                  |
| <b>EMAIL ADDRESS:</b>                                    | <b>PHONE NUMBER:</b> |                  |

|  |                      |                  |
|--|----------------------|------------------|
| <b>REFERENCE TYPE:</b>                                   | <b>NAME:</b>         | <b>POSITION:</b> |
| <b>ADDRESS:</b> (Street, City, State/Province, Zip Code) |                      |                  |
| <b>EMAIL ADDRESS:</b>                                    | <b>PHONE NUMBER:</b> |                  |

|  |                      |                  |
|--|----------------------|------------------|
| <b>REFERENCE TYPE:</b>                                   | <b>NAME:</b>         | <b>POSITION:</b> |
| <b>ADDRESS:</b> (Street, City, State/Province, Zip Code) |                      |                  |
| <b>EMAIL ADDRESS:</b>                                    | <b>PHONE NUMBER:</b> |                  |

**Agency - Wide Questions**

1. Please provide the last 4 digits of your Social Security Number \_\_\_\_\_
2. Are you currently employed by the Town of Mars Hill?  
 Yes  No
3. If you answered "yes" to the previous question, please indicate the where you are currently working.  
 \_\_\_\_\_
4. Are you related by blood or marriage to any person now working for the Town?  
 Yes  No
5. If you answered "yes" to the previous question, please provide their name and relationship to you.  
 \_\_\_\_\_

By signing below, I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and(or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: GS 126-30, GS 14-122.1). I also understand that it is my responsibility to update my contact information should there be any changes in my name, address, phone number, or e-mail address.

This application was submitted by:

**Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_