



TOWN of WAKE FOREST

An Equal Opportunity/Affirmative Action Employer

Employment Application

- Fill out all sections COMPLETELY. Once submitted, application materials become the property of the Town.
- An application must be received in Human Resources by 5:00 p.m. on the closing date posted to ensure consideration.
- The Town does not accept FAXED applications. Photocopied applications must have an original signature and current date.
- Application may be mailed or hand-delivered to: Town of Wake Forest, Human Resources Dept., 301 S. Brooks St., Wake Forest, NC 27587. Applications may also be submitted electronically to HumanResources@wakeforestnc.gov.
- If a position is posted as “may close without notice,” PLEASE APPLY IMMEDIATELY.

Personal Information

Last Name	First	Middle	Home Phone
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 Address			

Employment Information

Position Applying For	Date Available
Have you ever applied with the Town before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what department and when?
Current (or most recent) Base Salary <i>(You may be asked to provide a pay stub as verification of current salary)</i>	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.	

Education

College	Major	Degree	Highest Level Completed
High School	Location	Degree or Equivalent	Highest Level Completed

Registration, Licenses, Certifications

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

Registration	State	Number	Expiration Date
Registration	State	Number	Expiration Date
Other			

Please list your DRIVER'S LICENSE NUMBER and the state in which it was issued. A VALID N.C. driver's license is required before hire.

D.L. Number	State
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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. If you wish consideration for a clerical position, include typing speed and word processing software packages known and/or used. "See attached résumé" is not acceptable.

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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. Include all military and related volunteer experience. Please be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable).** "See attached résumé" is NOT acceptable.

Company Name	From	To
Street Address	Telephone Number	
City/State/Zip	Supervisor's Name	
Last Position	Starting Salary	Last Salary
Job Responsibilities	Reason for Leaving	

Company Name	From	To
Street Address	Telephone Number	
City/State/Zip	Supervisor's Name	
Last Position	Starting Salary	Last Salary
Job Responsibilities	Reason for Leaving	

Employment History (continued)

Company Name	From	To
Street Address	Telephone Number	
City/State/Zip	Supervisor's Name	
Last Position	Starting Salary	Last Salary
Job Responsibilities	Reason for Leaving	

Company Name	From	To
Street Address	Telephone Number	
City/State/Zip	Supervisor's Name	
Last Position	Starting Salary	Last Salary
Job Responsibilities	Reason for Leaving	

Company Name	From	To
Street Address	Telephone Number	
City/State/Zip	Supervisor's Name	
Last Position	Starting Salary	Last Salary
Job Responsibilities	Reason for Leaving	

Company Name	From	To
Street Address	Telephone Number	
City/State/Zip	Supervisor's Name	
Last Position	Starting Salary	Last Salary
Job Responsibilities	Reason for Leaving	

References

List three individuals (not related to you) who are familiar with your work-related skills.

Name	Telephone Number	
Company	Address	Years Acquainted

Name	Telephone Number	
Company	Address	Years Acquainted

Name	Telephone Number	
Company	Address	Years Acquainted

Authorization to Provide Information

I authorize the Town of Wake Forest to conduct a complete background investigation in order to assess my eligibility for a position requiring a high level of reliability and trustworthiness. I authorize all persons who may have information relevant to this investigation, including employers and others to disclose it (including photocopies where requested) to The Town of Wake Forest or their agents. I hereby release and hold harmless from liability all persons on account of such disclosure. I understand that the investigation may include verification of past employment, review of personal records maintained by any prior employer, education, and opinions of references.

This authorization shall be valid for a period of time not to exceed one year following the date indicated below or until employment is terminated, whichever occurs first. The release and hold harmless contained herein shall remain in full force and effect with respect to all disclosures provided within this time period.

I authorize that a photocopy of my signature below may be used to obtain information regarding the investigation.

I authorize that the information contained in this Employment Application Summary is truthful to the best of my knowledge, and understand that any and/or all information provided is subject to investigation and verification. Should information provided prove to be false, I understand that employment with The Town of Wake Forest may be terminated.

Signature	Date
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WAKE FOREST