EMPLOYMENT APPLICATION FOR THE TOWN OF LAKE LURE

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position Applied For	Date of Application

Personal Information

Last Name	First Name	Middle Initial
Address	Number	Street
City	State	Zip
Email Address		Phone Number

Are you eligible to work in the U.S? ☐ Yes ☐ No
Are you at least 18 years or older? ☐ Yes ☐ No
Have you ever submitted an application with us before? ☐ Yes ☐ No
If yes, provide date _____
Have you ever been employed with the Town of Lake Lure? ☐ Yes ☐ No
If yes, provide date _____
Do any of your friends or relatives work here? ☐ Yes ☐ No
If yes, state name, relationship and department _____
Are you currently employed? ☐ Yes ☐ No
May we contact your last employer? ☐ Yes ☐ No
Can you work any shift? ☐ Yes ☐ No
Can you work overtime, including weekends? ☐ Yes ☐ No
Can you travel if work requires? ☐ Yes ☐ No
Do you have a valid driver's license? ☐ Yes ☐ No
Do you have a CDL? ☐ Yes ☐ No

Date available for work ____/____/____ What is your desired salary? _____

Are you available to work
☐ Full Time
☐ Part Time
☐ Temporary (please indicate dates available _____)

EDUCATION

School	Name and Location of School	Course of Study	Years Completed	Degree
High School				
College				
Graduate/Professional				
Other				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which may indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Work Performed
Address	
Telephone Number	
Job Title	
Supervisor	
Dates Employed	
Reason for Leaving	

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Please explain any gaps in employment.

Do you have any special skills, experience and/or training that would enhance your ability to perform the position you are applying for?

ADDITIONAL INFORMATION

Other qualifications

PERSONAL/PROFESSIONAL REFERENCES

Do not include family members or past supervisors.

Name	Phone Number	Best Time to Call	Occupation

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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 the 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 and authorized by the Town Manager.

In the event of employment, I understand that false or misleading information given in my application or interview(S) may result in discharge. I understand, also, that I am required to abide by all rules of the employer.

_____ _____

Signature of Applicant Date