

*Town of Sharpsburg*  
P. O. Box 1759  
Sharpsburg, NC 27878  
Office (252) 446-9441 FAX (252) 977-7488

**PERSONAL INFORMATION RELEASE**

I, \_\_\_\_\_, hereby authorize to whom this document is presented to make full disclosure of any and all records, reports, and other related documents to the presenter of this document. This shall include, but not be limited to any and all medical records that which maybe deemed favorable or unfavorable upon my application submitted to Sharpsburg.

I future release any person or persons or any office or institution from any civil or criminal liability providing aforementioned information in connection with the pre-employment investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You may contact my present employer: YES [  ] NO [  ]

SWORN TO BEFORE ME THIS  
THE \_\_\_\_\_ DAY OF \_\_\_\_\_  
20\_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary)

MY COMMISSION EXPIRES: \_\_\_\_\_

*Town of Sharpsburg*  
*Application for Employment*

NOTICE TO APPLICANT: This application will be retained in the Personnel Department for a period of six months. If by that time you have not heard from us it will be necessary for you to re-apply unless you request in writing that the application be retained for a longer period of time.

TYPE OF WORK/  
POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

FULL TIME OR  PART TIME TELEPHONE NO: \_\_\_\_\_

Specify days and hours if part time: \_\_\_\_\_

NAME \_\_\_\_\_  
(last) (first) (middle)

PRESENT ADDRESS: \_\_\_\_\_ / APT. NO. \_\_\_\_\_

\_\_\_\_\_ HOW LONG AT  
PRESENT ADDRESS \_\_\_\_\_

Notify in case of emergency: \_\_\_\_\_  
(Name) (Telephone)

Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

Do you have relatives working for the town:  YES  NO Relationship: \_\_\_\_\_

Have you had a serious injury or illness in the past 5 years?  YES  NO

If yes, describe; \_\_\_\_\_

\_\_\_\_\_

Have you ever received compensation for injuries?  YES  NO

If yes, describe; \_\_\_\_\_

\_\_\_\_\_

Do you have any physical handicaps that would prevent you from performing specific kinds of work?  YES  NO

If yes, describe the defects and the work limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been convicted of a criminal offense or do you have any criminal charges pending in court?**  YES  NO

**NOTE:** A conviction does not automatically mean you cannot be appointed. What you were convicted of and how long ago are important. Give **all the facts** so that a decision can be made. (You may omit traffic offenses, which you paid a cost of \$125.00 or less. If you answer "YES" give all the details below. Show for each offense (1) date (2) charge (3) county (4) action taken.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

School Name & Location

Years Attended  
From To

Graduated

Course or  
Major

High School: \_\_\_\_\_  YES  NO \_\_\_\_\_

College or University: \_\_\_\_\_  YES  NO \_\_\_\_\_

GED  YES  NO Date Received: \_\_\_\_\_

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**GENERAL INFORMATION**

List equipment, which you can operate, that relates to the position applied for: \_\_\_\_\_

\_\_\_\_\_

Describe any other experiences, skills, or qualifications which you feel would relate to the position you applied for:

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE**

Have you ever served in the armed forces?  YES  NO If so, what branch; \_\_\_\_\_

Dates of Duty: FROM \_\_\_\_\_ TO \_\_\_\_\_  
Month Day Year Month Date Year

Rank at separation: \_\_\_\_\_ Honorable Discharge:  YES  NO

If no explain; \_\_\_\_\_

List duties in the service; \_\_\_\_\_

Active Reserve Status:  YES  NO

**EMPLOYMENT HISTORY**

**Start with your present or most recent employer**

Name of Employer: \_\_\_\_\_ Address \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_, Name of immediate supervisor: \_\_\_\_\_

Title/position \_\_\_\_\_ Starting salary; \$ \_\_\_\_\_ Ending salary; \$ \_\_\_\_\_

Type of work or responsibilities; \_\_\_\_\_

Reason for leaving; \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_, Name of immediate supervisor \_\_\_\_\_

Title/position \_\_\_\_\_ Starting salary; \$ \_\_\_\_\_ Ending salary; \$ \_\_\_\_\_

Type of work or responsibilities; \_\_\_\_\_

Reason for leaving; \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_, Name of immediate supervisor; \_\_\_\_\_

Title/position \_\_\_\_\_ Starting salary; \$\_\_\_\_\_ Ending salary,  
\$\_\_\_\_\_

Type of work or responsibilities; \_\_\_\_\_

Reason for leaving; \_\_\_\_\_

Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_, Name of immediate supervisor; \_\_\_\_\_

Title/position \_\_\_\_\_ Starting salary; \$\_\_\_\_\_ Ending salary;  
\$\_\_\_\_\_

Type of work or responsibilities; \_\_\_\_\_

Reason for leaving; \_\_\_\_\_

May we contact the employers listed above?  YES  NO If no, indicate which ones: \_\_\_\_\_

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**PERSONAL REFERENCES**

**Give the names of three persons that are actually acquainted with your reputation. Do not give names of past or present employers.**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years known: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years known: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Years known: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

**I hereby certify that the answers given by me to the foregoing questions and the statements made by me are truthful to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of the facts called for in this application or any supplements thereto is cause for rejection to my application or discharge at any time during my employment. I voluntarily authorize my former employers, schools, and persons named herein to give information regarding me. I hereby release said organizations or persons from any liability or damage whatsoever. I also authorize a background investigation to be carried out.**

I understand that as a condition of employment, I will be required to pass an employment physical and any future physical examination required by the TOWN of SHARPSBURG. I understand that such employment is subject to the policies of the TOWN of SHARPSBURG and the passing of any required written, physical agility, or skill examination. It is understood that the use of this form does not indicate that there are any position openings and does not in any way obligate the TOWN of SHARPSBURG.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_