



TOWN OF BELHAVEN

315 East Main Street; Belhaven, NC 27810
www.belhavennc.us

The Town of Belhaven is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, gender, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, State, or local law.

Application must be completed in its entirety for consideration.

APPLICANT INFORMATION			
Last Name:	First:	M.I.:	Date:
Street Address:		Apartment/Unit #	
City:	State:	ZIP:	
Phone:	E-mail Address:		
Position Applied for:		Desired Salary:	
How did you hear of this opening?		Date Available:	
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:			
EDUCATION			
High School:		Location:	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:		
College:		Location:	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:		
College:		Location:	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:		
Other Training (seminars, conferences, certifications):			
Type:		Location:	
Type:		Location:	
Type:		Location:	
In addition to your work history, do you have any other qualifications that are relevant to the position for which you are applying?			

PREVIOUS EMPLOYMENT <i>(Please complete in its entirety. "See Resume" is not acceptable.)</i>			
Company:		Job Title:	
Address:		From: To:	
Supervisor:	Starting Salary \$	Ending Salary \$	
Phone:			
Responsibilities:			
Reason for Leaving:			
Company:		Job Title:	
Address:		From: To:	
Supervisor:	Starting Salary \$	Ending Salary \$	
Phone:			
Responsibilities:			
Reason for Leaving:			
Company:		Job Title:	
Address:		From: To:	
Supervisor:	Starting Salary \$	Ending Salary \$	
Phone:			
Responsibilities:			
Reason for Leaving:			

REFERENCES

May we contact your present employer?

Please list three professional references:

Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	

DISCLAIMER AND SIGNATURE

In exchange for the consideration of my job application to the Town of Belhaven - TOB (hereinafter called "the Organization"), I agree that:

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Town Manager. Both the undersigned, and TOB may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Organization may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I expressly authorize, without reservation, the Organization, its representatives or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Company, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Organization does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I also understand that (1) the Organization has a drug and alcohol policy that provides for pre-employment testing as well as random 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 my employment with the Organization shall be probationary for a period of nine months (90) days, and further that any time during the probationary period or thereafter, my employment relationship with the Organization is terminable at will for any reason by either party.

I certify that all information I have provided in order to apply for secure work with the Organization is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration for employment, or (2) may result in my immediate discharge from the Organization's service, whenever it is discovered.

Signature	Date
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