

# Town of Hope Mills Employment Application

5770 Rockfish Road  
Hope Mills, NC 28348  
[www.townofhopemills.com](http://www.townofhopemills.com)

**An Equal Opportunity/Affirmative Action Employer**

Phone: (910) 424-4555

**INSTRUCTIONS:** It is important that you fill out all sections of this application completely and to the best of your ability. Your application will be used as part of the examination process and, therefore, should represent your best effort. Incomplete and unsigned applications will not be processed. Resumes will not be accepted in lieu of Town application.

## Current Information (Please type or print clearly in ink)

Position Applied for \_\_\_\_\_ Date \_\_\_\_\_

When will you be available for employment? \_\_\_\_\_ Minimum or other acceptable salary: \_\_\_\_\_ Employment desired: (check all that apply)  
 Full-time  Part-time  Temporary  Summer

NAME \_\_\_\_\_  
 Last First Middle Maiden

ADDRESS \_\_\_\_\_  
 Street & Number or P.O. Box Town State Zip

TELEPHONE \_\_\_\_\_ Home Business/Cell If neither, where can you be reached? \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ (optional)

## General Information (Attach additional sheet if needed)

- a. Have you ever been employed with the Town of Hope Mills? Yes  No   
 If yes, what department & when? \_\_\_\_\_
- b. Are you related by blood or marriage to any Town employee? Yes  No   
 If yes, give name, relationship and department \_\_\_\_\_
- c. Have you ever been convicted of a criminal offense against the law other than a minor traffic infraction? Yes  No   
 If yes, please explain when, where, and disposition of case. NOTE: The existence of a criminal record does not automatically eliminate you from employment consideration.

\_\_\_\_\_  
 \_\_\_\_\_

d. Please list your driver's license number, type, expiration date, and the state where it was issued.

\_\_\_\_\_

- e. Are you able to perform the essential functions of the position which you are applying with or without reasonable accommodations? Yes  No

**INTERNAL USE ONLY:** Application logged  yes  no Date sent: \_\_\_\_\_ Dept sent to: \_\_\_\_\_

## Education

School	Location of School	Graduate Yes <input type="checkbox"/> No <input type="checkbox"/>	Semester Quarter Hours	Type of Degree or Diploma	Major/Minor Subject
High School or GED		Yes <input type="checkbox"/> No <input type="checkbox"/>			
College or University		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Graduate or Professional School		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Vocational/ Technical School or Other-		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Basic Law Enforcement Training		Yes <input type="checkbox"/> No <input type="checkbox"/>	Dates Attended:		

\*Please list military services in the employment history section

## Skills, Certifications

Please list any skills, abilities, special certifications, licenses, special training, or courses you have had that you feel are applicable to the position for which you applied. Include skills with equipment or machines you operate. List computer skills separately as indicated below.

(a) \_\_\_\_\_

(f) \_\_\_\_\_

(b) \_\_\_\_\_

(g) \_\_\_\_\_

(c) \_\_\_\_\_

(h) \_\_\_\_\_

(d) \_\_\_\_\_

(i) \_\_\_\_\_

(e) \_\_\_\_\_

\_\_\_\_\_ Check if current North Carolina Law Enforcement Certification

Please list computer knowledge and specific software skills:

---



---



---

**Employment History**

Record your complete work history in the spaces below (resume may be attached however this section must be completed). Begin with your current or most recent employer first. Use continuation sheets as necessary to account for your full record. Be sure to account for gaps in your employment history. Related volunteer experience should also be listed.

May we contact your present employer? Yes  No

Employer: (Present or most recent)	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Full time for: Years    Months _____    _____	Reason for leaving:	
Part-time for: Years    Months _____    _____		
If part-time number of hrs. worked per week: _____		

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Full time for: Years    Months _____    _____	Reason for leaving:	
Part-time for: Years    Months _____    _____		
If part-time number of hrs. worked per week: _____		

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Full time for: Years    Months _____    _____	Reason for leaving:	
Part-time for: Years    Months _____    _____		
If part-time number of hrs. worked per week: _____		

(Use continuation sheets as necessary to account for your full record.)

**Employment History**

Record your complete work history in the spaces below (resume may be attached however this section must be completed). Begin with your current or most recent employer first. Use continuation sheets as necessary to account for your full record. Be sure to account for gaps in your employment history. Related volunteer experience should also be listed.

May we contact your present employer? Yes  No

Employer: (Present or most recent)	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Full time for: Years Months _____	Reason for leaving:	
Part-time for: Years Months _____		
If part-time number of hrs. worked per week: _____		

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Full time for: Years Months _____	Reason for leaving:	
Part-time for: Years Months _____		
If part-time number of hrs. worked per week: _____		

Employer:	Address:	Phone #:
Job Title:	Name and title of supervisor:	No. supervised by you:
Date Employed:	Starting Salary:	Ending Salary:
Date Separated:	Duties:	
Full time for: Years Months _____	Reason for leaving:	
Part-time for: Years Months _____		
If part-time number of hrs. worked per week: _____		

(Use continuation sheets as necessary to account for your **full record**.)

## References

Please do not list family relatives. We recommend listing persons such as coworkers, teachers, etc., who have knowledge of your qualifications for the position for which you are applying

(a) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

(b) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

(c) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Please read and sign the statement below. We will not check a reference with your current employer unless you have given us permission on the previous page.**

I certify that, to the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly misrepresented, falsified or omitted any information during the application process, I may be disqualified for employment consideration or dismissed from employment with the Town.

I authorize my current and former employers to give any information regarding my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.

I also authorize the Town of Hope Mills to conduct a Police, Court, and/or Motor Vehicle Records investigation of my background.

I also authorize schools and other educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to Town representatives who are investigating my educational background.

I understand that I will be tested for drug and alcohol use. I consent to the testing and understand that the results could preclude my appointment.

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

## Supplement to Town of Hope Mills Employment Application

---

### **Selective Service Registration (for males ages 18 through 25)**

If male and age 18 through 25, have you registered for Selective Service? Yes  No

Males who are age 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Service Act. State law prohibits local governments from employing anyone who has not complied with this requirement. If you have not registered, you will have 30 days to comply if selected for a position as required by Federal law.

---

### **Overtime Compensation Agreement**

Consistent with the provisions of the Fair Labor Standards Act, it is the Town's policy to compensate non-exempt employees for overtime work with compensatory time off or overtime pay. If employed in a non-exempt position, I agree to accept, at the discretion of the Town, either compensatory time off or overtime pay, as appropriate compensation for overtime work that I may be required to perform as an employee of the Town of Hope Mills.

---

### **Certification (this form must be signed)**

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.

---

Signature

Date

**Name-Based Criminal Background History Record Information Consent/Inquiry Form**

I hereby authorize Background Investigation Bureau, LLC to conduct an inquiry for  
Agency/Company  
Town of Hope Mills (company) with the purpose(s) listed below and receive any Georgia  
 and/or national criminal background history record information as authorized by state and federal law.

Full Name (print)			
AKA name(s)			
Address			
Sex	Race	Date of Birth	Social Security Number

I, \_\_\_\_\_, give consent to the above-named  
 entity to perform periodic criminal history background checks for the duration of my employment.

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

Purpose Code Used: (check one that applies)

<input checked="" type="checkbox"/>	E - Employment
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children

**OFFICIAL USE ONLY:**

Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: \_\_\_\_\_

Wanting Agency Telephone: \_\_\_\_\_

\_\_\_\_\_  
 Agency Designee Signature and Title Date

# EQUAL EMPLOYMENT OPPORTUNITY VOLUNTARY SELF-IDENTIFICATION FORM

The Town of Hope Mills is an Equal Opportunity Employer. Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be separated from your employment application. Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. The Town of Hope Mills complies with the Immigration Reform and Control Act of 1986. All employees must provide documentation to verify identity and employment eligibility within the first three days of employment with the Town of Hope Mills.

---

**Section I. Position Applied for:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_  
Last First Middle

---

**Section II.**

**Sex:** Male  Female

---

**How did you learn of this opening?**

- Newspaper (*specify*): \_\_\_\_\_
  - A Town Employee
  - Employment Security Commission
  - Town of Hope Mills Website
  - Posting in Human Resources or other Town location (*specify*): \_\_\_\_\_
  - Other (*please specify*): \_\_\_\_\_
- 

**Ethnic Category** (*please check one*)

- White (not of Hispanic origin)** *Origins in any of the peoples of Europe, North Africa or Middle East*
- Black (not of Hispanic origin)** *Origins in any of the black racial groups of Africa*
- Hispanic** *Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race*
- Asian or Pacific Islander** *Origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands*
- American Indian or Alaskan Native** *Origins in any of the original peoples of North America*
- Two or More Races (Not Hispanic or Latino)** *All persons who identify with more than one of the above five races.*

---

Signature

Date