



# TOWN OF NEWPORT EMPLOYMENT APPLICATION

**P.O. Box 1869  
200 Howard Blvd  
Newport, NC 28570  
252-223-4749**

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## PERSONAL DATA:

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
Street City State Zip

Home phone/other number where you can be reached \_\_\_\_\_ Work phone \_\_\_\_\_

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## AVAILABILITY:

When are you available to begin employment? \_\_\_\_\_

Type of Employment Desired:  Full-Time  Part-Time  Temporary  Seasonal

Position Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

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## EDUCATIONAL BACKGROUND:

Name and Location	Years Completed	Did you graduate?	Course of Study
High School			
College			
Other			

If you did not graduate from high school, have you passed the High School Equivalency Test?  Yes  No

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## TRAINING:

List fields of work for which you are licensed, registered, or certified. Include date of issuance, state where license was issued, and license/registration/certificate number:

\_\_\_\_\_

If position applied for calls for specific courses, indicate courses and credit received. \_\_\_\_\_

\_\_\_\_\_

**SKILLS:**

Indicate skills, knowledge, and abilities in the following areas which relate to the position you are applying for. Please check all that apply and that you would be able to use immediately upon employment.

- Typing \_\_\_\_\_ wpm
- Shorthand \_\_\_\_\_ wpm
- Transcription \_\_\_\_\_ wpm
- Computer software (specify) \_\_\_\_\_
- Speedwriting \_\_\_\_\_ wpm
- Data Entry \_\_\_\_\_ wpm
- Adding Machine/Calculator \_\_\_\_\_
- Computer hardware (specify) \_\_\_\_\_
- Computer operating systems/platforms (Windows 95, Novell, etc.) \_\_\_\_\_
- Computer programming (specify languages and equipment) \_\_\_\_\_

**REFERENCES:** List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying, such as co-workers, teachers, etc. DO NOT list supervisors you have listed elsewhere on this employment application.

Name, Occupation, and Address	Telephone	Years Known
	( )	
	( )	
	( )	

**GENERAL INFORMATION:**

Do you currently work for the Town of Newport?  Yes  No  
 Are you a former employee of the Town of Newport?  Yes  No  
 If yes, please indicate dates of employment \_\_\_\_\_

Are you required under the Military Selective Service Act to present yourself for and submit to registration with the United States Military?  Yes  No  
 If so, have you complied with this requirement?  Yes  No  
 Are you legally eligible to work in the United States?  Yes  No

Have you been convicted of a misdemeanor or a felony in the past five years? In North Carolina, a minor traffic offense not punishable by imprisonment is identified as an "infraction" and is not included in the question.)  Yes  No  
 If yes, please explain: \_\_\_\_\_

**NOTE:** A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.

Do you have a valid driver's license?  Yes  No  
 If yes, please indicate state and number \_\_\_\_\_

**EMPLOYMENT HISTORY:** Use a separate section for each position. Describe in detail all work experience beginning with your present or most recent job.

Employer	Address	Telephone ( )
Job Title	Name of Supervisor	No. Supervised by You
Job Duties (be specific)		
Date Employed (mo/yr)	Full-time or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Date Separated (mo/yr)	If part-time, no. of hours per week _____	
Starting Salary: \$ _____ per ____	Reason for leaving:	
Ending Salary: \$ _____ per ____		
Employer	Address	Telephone ( )
Job Title	Name of Supervisor	No. Supervised by You
Job Duties (be specific)		
Date Employed (mo/yr)	Full-time or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Date Separated (mo/yr)	If part-time, no. of hours per week _____	
Starting Salary: \$ _____ per ____	Reason for leaving:	
Ending Salary: \$ _____ per ____		
Employer	Address	Telephone ( )
Job Title	Name of Supervisor	No. Supervised by You
Job Duties (be specific)		
Date Employed (mo/yr)	Full-time or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Date Separated (mo/yr)	If part-time, no. of hours per week _____	
Starting Salary: \$ _____ per ____	Reason for leaving:	
Ending Salary: \$ _____ per ____		

(EMPLOYMENT HISTORY continued from previous page)

Employer	Address	Telephone ( )
Job Title	Name of Supervisor	No. Supervised by You
Job Duties (be specific)		
Date Employed (mo/yr)	Full-time or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Date Separated (mo/yr)	If part-time, no. of hours per week _____	
Starting Salary: \$ _____ per ____	Reason for leaving:	
Ending Salary: \$ _____ per ____		

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Job Title	Name of Supervisor	No. Supervised by You
Job Duties (be specific)		
Date Employed (mo/yr)	Full-time or part-time? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Date Separated (mo/yr)	If part-time, no. of hours per week _____	
Starting Salary: \$ _____ per ____	Reason for leaving:	
Ending Salary: \$ _____ per ____		

**CERTIFICATE OF APPLICANT**

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I further understand that this is an application for employment and that no employment contract is being offered. I understand that if I am employed, such employment is for no definite period of time and that the Town of Newport can change wages, benefits and conditions at any time.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

I have read and understand the above.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Town of Newport, whether the said records are of public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; financial or credit institutions, including records of loans, the records of commercial or retail credit agencies (including credit reports and/or ratings), and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation, including hospital clinics, private practitioners, and US Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the records and recollections of attorneys-at-law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by the Town of Newport. I also certify that any person(s) who may furnish such information; and I do hereby release said person(s) from any and all liability which may incur as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Signature (include maiden name) \_\_\_\_\_

Printed Name (incl. maiden name) \_\_\_\_\_

Drivers License Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Witness \_\_\_\_\_

**TOWN OF NEWPORT**  
**Pre-Employment Drug Test Consent Form**

I have applied for employment with the Town of Newport. As a condition for consideration of my application, I agree to undergo drug and/or alcohol screening. I understand that if my test results are positive, the Town of Newport may choose not to consider me for employment.

I hereby authorize any physician, laboratory, hospital or medical professional retained by the Town of Newport for drug and/or alcohol screening purposes to conduct such screening and to provide the results to the Town of Newport. I hereby release the Town of Newport, any person affiliated with the Town of Newport, and any such institution or person conducting the screening, from liability therefor.

Applicant's signature: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

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