

TOWN OF ATLANTIC BEACH

EMPLOYMENT APPLICATION PROCESS

- ❑ Incomplete applications will not be considered. No applications shall be accepted by a temporary agency or a Town department; all applications are to be accepted by and stored by the Administrative Services Director at the Town Hall.
- ❑ A completed Authorization for Release of Personal Information form and Pre-Employment Drug Test Consent form must be returned with the application.
- ❑ Resumes may be attached to the application as supplemental material only. Resumes and information contained therein are not to be treated as substitutes for the application or any section in the application. Therefore, the words “See Resume” should not appear on the application.
- ❑ Copies of certifications, licenses, degrees and/or classes should be attached as supplemental material.
- ❑ The Town of Atlantic Beach Employment Application, Authorization for Release of Personal Information form, Pre-Employment Drug Test Consent form and any supplemental material should be received by 4:30 p.m. on the closing date at the Town Hall to be considered for the current vacancy.
- ❑ Application and supplemental material received by email do not have to be signed prior to submittal. Signatures will be obtained at a later date if required.
- ❑ The Town’s website will remove the job listing when the position is filled. This process may span several weeks from the closing date. Please do not call to check on the status of your application.
- ❑ All applications become the property of the Town of Atlantic Beach and cannot be returned.

**To complete application to email directly, follow these steps:

- Save document to computer
- Fill-in application and save
- Email as attachment

TOWN OF ATLANTIC BEACH EMPLOYMENT APPLICATION



P.O. Box 10
125 W. Fort Macon Rd.
Atlantic Beach, NC 28512
252-726-2121
tab@atlanticbeach-nc.com

ATTN: Admin Services Director

PERSONAL DATA:

Name _____ Email _____
Last First Middle

Mailing Address _____
Street City State Zip

Home phone/other number where you can be reached _____ Work phone _____

AVAILABILITY:

When are you available to begin employment? _____

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

Position Applied For _____ Date of Application _____

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

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:

(TRAINING continued from previous page)

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 XP, 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 Atlantic Beach? Yes No

Are you a former employee of the Town of Atlantic Beach? 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 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 _____	_____	

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 _____		

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 Atlantic Beach 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 Atlantic Beach, 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 (both sealed and unsealed), 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 or in the past have had an interest.

I understand that the Town of Atlantic Beach will consider any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization, in determining my suitability for employment. On behalf of myself and any and all successors, heirs and assigns, I hereby release, acquit, forever discharge, and hold harmless any person(s) and/or organizations that may furnish any information to the Town pursuant to this release authorization from any and all liability.

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 (to obtain credit report) _____

Date of Birth _____

Address _____

Phone Number

Witness _____

TOWN OF ATLANTIC BEACH
Pre-Employment Drug Test Consent Form and Random Drug Test Acknowledgment

I have applied for employment with the Town of Atlantic Beach. 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 Atlantic Beach may choose not to consider me for employment. I understand that if I am employed by the Town of Atlantic Beach, that I may be required to undergo random drug and alcohol screenings based on the safety sensitivity of my job duties.

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

Applicant's signature: _____

Applicant's name: _____

Date: _____