



Town of Kill Devil Hills
EMPLOYMENT APPLICATION
An Equal Opportunity Employer

Submit application to:
Assistant Town Manager
P.O. Box 1719
102 Town Hall Drive
Kill Devil Hills, NC 27948
(252) 449-5300

Applications will be accepted only for positions for which the Town is recruiting. www.kdhnc.com

Fill out all sections **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. **Unsigned, or incomplete applications will not be considered.** Once submitted, application materials become the property of the Town. An application must be received by 5:00 p.m. on the posted closing date, or postmarked by that date, to ensure consideration.

APPLYING FOR: (POSITION TITLE) _____ DATE: _____

When will you be available for employment? (i.e. immediately, 2 weeks notice) _____

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
Street & No. or P.O. Box Town State Zip

HOME TEL # () _____ BUS. TELEPHONE # () _____

E-MAIL ADDRESS _____ (if applicable)

PREFERRED MEANS OF CONTACT _____

Are you 18 or older? Yes No If NO, what is your birth date? _____

If you need to explain any answer, use the space under EXPLANATIONS near the end of this application.

Apart from absences for religious observances, check conditions that you are willing to accept.

- Occasional: night work weekend work overtime rotating shifts "on-call"
- Regular: night work weekend work overtime rotating shifts "on-call"
- Frequent night work weekend work overtime rotating shifts "on-call"

Have you ever been employed with the Town of Kill Devil Hills? Yes No

If YES, what department and when: _____

Have you applied to the Town before? Yes No

If YES, indicate what position and when: _____

Are you now or were you previously related in any way to a Town employee? Yes No

If YES, give name, relationship and department: _____

Are you able to perform all of the duties of the job for which you have applied? Yes No

Are you an American citizen or do you currently have authorization to work in the U.S.?

Yes No

Did you receive any of your education or employment experience under another name?

Yes No

If YES, please explain under EXPLANATIONS.

EDUCATION Provide your complete history

Indicate highest school year completed: (i.e. 8, 12, 16) _____

Name of High School _____ Town _____ State _____

Have you received a high school diploma or equivalent? [] Yes [] No

Education Beyond High School	Name and Location	Attended From				Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
		Mo.	Yr.	Mo.	Yr.				
College(s) University(ies)						Yes No			
Graduate or Professional Schools						Yes No			
Technical Institutes, Internship, Other						Yes No			

KNOWLEDGE, SKILLS & ABILITIES

Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. Also indicate any software applications with which you have skill.

(a) _____ (d) _____
 (b) _____ (e) _____
 (c) _____ (f) _____

REGISTRATIONS, LICENSES, CERTIFICATIONS

List fields of work for which you have been registered, licensed or certified:

Registration: _____ State: _____ No: _____ Exp. Date: _____

Registration: _____ State: _____ No: _____ Exp. Date: _____

Registration: _____ State: _____ No: _____ Exp. Date: _____

Other: _____

Please list your **VALID DRIVER'S LICENSE NUMBER** and the State in which it was issued. If you do not have a driver's license, please put "NONE" in the blank –

Number: _____ **State:** _____

Is your driver's license a Commercial Driver's License? [] Yes [] No

If YES, indicate the class _____

EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable).** "See attached resume" is NOT acceptable in the duties space.

A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____ Telephone # (____) _____

Employer or company address _____

Name and Title of most current supervisor _____

Full-time for: Yrs. _____ Mos. _____ Part-time for: Yrs. _____ Mos. _____

If you worked part-time, the number of hours worked per week _____ # of employees supervised by you _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____ Telephone # (____) _____

Employer or company address _____

Name and Title of most current supervisor _____

Full-time for: Yrs. _____ Mos. _____ Part-time for: Yrs. _____ Mos. _____

If you worked part-time, the number of hours worked per week _____ # of employees supervised by you _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____ Telephone # (____) _____

Employer or company address _____

Name and Title of most current supervisor _____

Full-time for: Yrs. _____ Mos. _____ Part-time for: Yrs. _____ Mos. _____

If you worked part-time, the number of hours worked per week _____ # of employees supervised by you _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

D. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____ Telephone # (____) _____

Employer or company address _____

Name and Title of most current supervisor _____

Full-time for: Yrs. _____ Mos. _____ Part-time for: Yrs. _____ Mos. _____

If you worked part-time, the number of hours worked per week _____ # of employees supervised by you _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

E. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____ Telephone # (____) _____

Employer or company address _____

Name and Title of most current supervisor _____

Full-time for: Yrs. _____ Mos. _____ Part-time for: Yrs. _____ Mos. _____

If you worked part-time, the number of hours worked per week _____ # of employees supervised by you _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

Have you had disciplinary action taken against you in the past 12 months? Yes No
 (If YES, explain under EXPLANATIONS. A YES will not automatically disqualify you.)

a. Have you ever been dismissed or forced to resign from any job held? Yes No
 b. Were you dismissed or forced to resign for disciplinary reasons? Yes No
 If YES to "a" or "b," explain under EXPLANATIONS. (A YES will **not** automatically disqualify you.)

May we contact your present employer for reference? Yes No

No If NO, explain under EXPLANATIONS.

If you are not currently employed, please check here N/A (___).

EXPLANATIONS

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	E-MAIL	Years Known
	()		
	()		
	()		

Certification and Release (MUST BE SIGNED AND DATED BELOW)

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, 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 me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the Town; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the Town receives from an employer or educational institution under a promise of confidentiality.
- I also permit the Town to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background where related to the job for which I am applying.
- I understand that I will be tested for drug use to determine if I am currently using or abusing these substances. I consent to the testing and understand that the results could preclude my employment.
- I understand and acknowledge that should I be employed by the Town, then I serve "at will." This means that I may be terminated at any time. I further understand that this "at will" employment relationship may not be changed by any written document unless such change is specifically approved by the Town Manager.

SIGNATURE _____ **DATE** _____

**SUPPLEMENT TO KILL DEVIL HILLS TOWN
EMPLOYMENT APPLICATION**

The Town of Kill Devil Hills 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 separate 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. It will be maintained in personnel files that must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of State general statutes.

I. POSITION APPLIED FOR: _____

NAME: _____
Last First Middle

DATE OF APPLICATION: _____

II. GENDER: (Please circle) Male
Female

III. ETHNIC CATEGORY: (Please circle)

- White** - Origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black** - Origins in any of the Black racial groups of Africa. (Not Hispanic)
- Hispanic** - Mexican, Puerto Rican, Cuban, Central, or South American or other Spanish Culture or origin regardless of race.
- Asian or Pacific Islander** - Origins in 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.

HOW DID YOU LEARN OF THIS OPENING: (Indicate below by placing a check beside the source)

- _____ Newspaper (specify): _____
- _____ Employment Security Commission
- _____ Came to Town Hall
- _____ Town bulletin board
- _____ Town website
- _____ Other (specify): _____

DRUG SCREENING

All **FINAL** applicants must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

COMPENSATORY AGREEMENT

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we generally allow the employee time off for overtime worked. Overtime is subject to supervisory approval and may be affected by budgetary constraints.

SELECTIVE SERVICE REGISTRATION

If **male** and age 18 to 26, have you registered for Selective Service?

(Please circle) Yes No

If not, you will have 30 days to comply if selected for a position as required by Federal law.

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.

Name Date

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