



# TOWN OF OAK ISLAND

## Employment Application

*An Equal Opportunity Employer*

Thank you for applying for employment with the Town of Oak Island. **PLEASE NOTE:** We accept Employment Applications for job vacancies ONLY. Employment Applications may be mailed to: Town of Oak Island Human Resources, 4601 E Oak Island Dr. Oak Island, NC 28465. Visit our web site at [www.oakislandnc.com](http://www.oakislandnc.com) for an online application.

**Fill out all sections COMPLETELY and to the best of your ability. Unsigned, or incomplete applications WILL NOT be considered. The Town does accept faxed applications at 910-278-9542.**

### CURRENT INFORMATION

1. Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_
2. When will you be available for employment? \_\_\_\_\_
3. Are you seeking:  Full-time regular  Part-time regular  Temporary
4. Name: \_\_\_\_\_  
(Last) (First) (Middle)
5. Address: \_\_\_\_\_  
Street & No. or PO Box City State Zip
6. Telephone: \_\_\_\_\_ / \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Work
7. Are you 18 or older?  Yes  No If NO, what is your birth date? \_\_\_\_\_

### GENERAL INFORMATION

8. Have you ever been employed with the Town of Oak Island?  Yes  No  
If YES, what department and when? \_\_\_\_\_
9. Have you ever applied with the Town of Oak Island?  Yes  No  
If YES, When and What Position? \_\_\_\_\_
10. Apart from absences for religious observations, will you accept employment requiring occasional night work, overtime, weekend work, "on-call" work?  Yes  No
11. Are you now or were you previously related in any way to a Town employee?  Yes  No  
If YES, give name, relationship and department: \_\_\_\_\_
12. Are you able to perform all of the duties of the job you have applied for?  Yes  No
13. Are you an American citizen or do you currently have authorization to work in the U.S.?  Yes  No
14. Have you ever been convicted of a felony? If YES, please explain below. NOTE: A conviction record will not necessarily exclude you from employment. Age at time of offense, rehabilitation efforts, length of time since offense, and nature of the crime will be taken into consideration.  Yes  No

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUPPLEMENT TO TOWN OF OAK  
ISLAND EMPLOYMENT  
APPLICATION**

Thank you for applying for employment with the Town of Oak Island. Please note that you will ONLY be contacted if the Town would like to schedule an interview or to discuss the position further.

Please visit the Town of Oak Island web site for more information on the Town at [www.oakislandnc.com](http://www.oakislandnc.com) . **Note:** This form will be separate from your employment application.

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**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION**

The Town of Oak Island is an Equal Opportunity Employer. We do not practice or condone discrimination, in any form, against employees or applicants on the grounds of race, creed, color, national origin, religion, sex, age, political affiliation or mental or physical except where physical or mental abilities, sex, or age are legitimate occupational qualifications. We need the following information in order to comply with the reporting requirements of the Equal Employment Opportunity Commission. **This entire form will be separate from your employment application and will not be forwarded to the Department Director for screening. This information will not be used in any way in the selection process or for any personnel action following**

**POSITION APPLIED FOR:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**SEX:** \_\_\_\_\_ **FEMALE** \_\_\_\_\_ **MALE** \_\_\_\_\_ **PHONE NUMBER TO BE REACHED:** \_\_\_\_\_

**ETHNIC CATEGORY:**

**BLACK**    **WHITE**    **HISPANIC**    **ASIAN**    **AMERICAN INDIAN**

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**TOWN OF OAK ISLAND GENERAL RELEASE**

I, \_\_\_\_\_ hereby authorize those parties to whom this document is presented to make full disclosure of any and all records, reports, related documents or information that would reflect favorably or unfavorably upon my application to the Town of Oak Island. I further release from liability any person or persons or office or institution so providing aforementioned information in connection with the pre-employment investigation.

**SELECTIVE SERVICE REGISTRATION**

If you are a male and between the ages of 18 and 26, have you registered for Selective Service?

Yes       No       N/A

If you have not, you will have thirty days (30) days to comply with the registration requirements if selected for a position as required by law.

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**IDENTITY AND EMPLOYABILITY**

If employed, you must submit proof of identity and eligibility for legal employment by your third day of work. A complete list of acceptable documents will be provided to you by Human Resources or your supervisor.

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**SOCIAL SECURITY NUMBER (SSN)**

Your Social Security number is needed in order to conduct pre-employment drug testing, and if hired, your SSN will be used for wage reporting and for Town identification.

SS# \_\_\_\_\_

**OVERTIME COMPENSATION AGREEMENT**

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

**DRUG/ALCOHOL FREE WORKPLACE  
DRUG SCREENING THROUGH URINALYSIS  
APPLICANT CONSENT**

- 1 I understand that as part of the pre-employment process as required by the Town of Oak Island I must submit to a urinalysis drug screening.
- 2 I hereby voluntarily consent to and authorize this test for the purpose of screening for the presence of illegal unauthorized drugs.
- 3 I hereby authorize the release of the results of this test to Town of Oak Island officials with a need to know.
- 4 I will notify the specimen collector concerning all current and recent use by me of prescription and over-the-counter medications at the time of the urine test.
- 5 I understand:
  - a. That a negative from this screening is a condition of employment;
  - b. That all initial positive test results will be confirmed using a Gas Chromatography/Mass Spectrometry test;
  - c. That refusal to take the test will result in my no longer being considered as a candidate for employment in the position sought;
  - d. That I may request a retest, at my own expense, of the same sample in the event of a positive test result.

**Applicant Signature:** \_\_\_\_\_

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

**Driver's License Number:** \_\_\_\_\_

**State issuing driver's license:** \_\_\_\_\_

**If you are below 18 years of age:**

**Signature of Consenting Parent/Legal Guardian**

**LIST LAST THREE (3) RESIDENCES:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Last salary: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer or Company Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Full-time for: Yrs \_\_\_\_\_ Mos \_\_\_\_\_ Part-time for: Yrs \_\_\_\_\_ Mos \_\_\_\_\_

Job Duties in Order of Importance

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

Reason for Leaving or Desiring a Change: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Last salary: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer or Company Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Full-time for: Yrs \_\_\_\_\_ Mos \_\_\_\_\_ Part-time for: Yrs \_\_\_\_\_ Mos \_\_\_\_\_

Job Duties in Order of Importance

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

Reason for Leaving or Desiring a Change: \_\_\_\_\_

*\*Please copy and add additional sheets if needed for work history.*

23. Have you ever been dismissed or forced to resign from any job held?  Yes  No

Were you dismissed or forced to resign for disciplinary reasons?  Yes  No

If YES to either question, please explain below. An answer of YES to either of the above questions will NOT automatically Disqualify you. EXPLANATION: \_\_\_\_\_

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

**PLEASE LIST 3 PERSONAL / PROFESSIONAL REFERENCES (Do not include family members or past supervisors)**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Best time to call: \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Best time to call: \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Best time to call: \_\_\_\_\_ Occupation \_\_\_\_\_

**CERTIFICATION AND RELEASE - This Application MUST BE SIGNED AND DATED BELOW to be considered.**

❖ I certify that, to the best of my knowledge and belief, the information given in this application truthfully represents my background and experience. I understand that if I have knowingly misrepresented or falsified any of the information I may be disqualified for employment consideration or dismissed from employment from the Town of Oak Island

❖ I authorize and release my current and former employers to give any and all information regarding my employment, together with any information regarding me whether or not it is on the records. I hereby release them from any damage or liability whatsoever for releasing this information. I also understand and permit the Town of Oak Island to conduct a criminal, background, credit, DMV and pre-employment drug/alcohol screening as necessitated by the requirements of the position in which I am applying

❖ I authorize and release any educational institutions, registration, certification or licensing institutions or boards to disclose my scholastic ratings and qualifications to the Town of Oak Island.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Thank you for applying with the Town of Oak Island.**

**EMPLOYMENT HISTORY**

Please list your complete work history below. Your work history should be fully documented and should NOT reference or refer to an attached resume.

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

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Last salary: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer or Company Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Full-time for: Yrs \_\_\_\_\_ Mos \_\_\_\_\_ Part-time for: Yrs \_\_\_\_\_ Mos \_\_\_\_\_

Job Duties in Order of Importance

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

Reason for Leaving or Desiring a Change: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Last salary: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer or Company Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Full-time for: Yrs \_\_\_\_\_ Mos \_\_\_\_\_ Part-time for: Yrs \_\_\_\_\_ Mos \_\_\_\_\_

Job Duties in Order of Importance

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

Reason for Leaving or Desiring a Change: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Last salary: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer or Company Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Full-time for: Yrs \_\_\_\_\_ Mos \_\_\_\_\_ Part-time for: Yrs \_\_\_\_\_ Mos \_\_\_\_\_

Job Duties in Order of Importance

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

Reason for Leaving or Desiring a Change: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting salary: \_\_\_\_\_ Last salary: \_\_\_\_\_

Date Hired: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer or Company Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Full-time for: Yrs \_\_\_\_\_ Mos \_\_\_\_\_ Part-time for: Yrs \_\_\_\_\_ Mos \_\_\_\_\_

Job Duties in Order of Importance

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

Reason for Leaving or Desiring a Change: \_\_\_\_\_

**EDUCATION**

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15. List highest school year completed (i.e. 8,12,16) \_\_\_\_\_

16. Name of High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

17. Have you received a high school diploma or equivalent?  Yes  No

18. Education Beyond High School (complete information below): If none, proceed to Question 19.

<u>College(s) and/or University(ies):</u>	<u>Did you Graduate?</u>	<u>Credit Hrs:</u>	<u>Degree, Diploma or Certificate</u>
<u>Name and Location:</u>	<u>Dates Attended (Mo/Yr):</u>		
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

<u>Graduate or Professional Schools:</u>	<u>Did you Graduate?</u>	<u>Credit Hrs:</u>	<u>Degree, Diploma or Certificate</u>
<u>Name and Location:</u>	<u>Dates Attended (Mo/Yr):</u>		
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

<u>Technical Institutes, Internships, Other</u>	<u>Did you Graduate?</u>	<u>Credit Hrs:</u>	<u>Degree, Diploma or Certificate</u>
<u>Name and Location:</u>	<u>Dates Attended (Mo/Yr):</u>		
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

**KNOWLEDGE, SKILLS, and ABILITIES**

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19. 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. If you are applying for a secretarial/clerical position, please list your typing speed and any word processing software packages used.

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

**SPECIAL CERTIFICATIONS, REGISTRATIONS and LICENSES**

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

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Registration: \_\_\_\_\_ State: \_\_\_\_\_ No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Other: \_\_\_\_\_

21. 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.

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp.: \_\_\_\_\_

22. Do you have a Commercial Driver's License?  Yes  No If YES, what class? \_\_\_\_\_