





# TOWN OF LEWISVILLE EMPLOYMENT APPLICATION

Town of Lewisville  
6510 Shallowford Road  
P.O. Box 547  
Lewisville, NC 27023  
www.lewisvillenc.net

## ▶ **EDUCATION**

**Provide your complete history.**

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

(17) Name of High School Town State

(18) Have you received a high school diploma or equivalent? Yes No

### **EDUCATION BEYOND HIGH SCHOOL**

(19) College/University	Location		
Attended from (mo/yr to mo/yr)	Did you graduate?	Yes	No
Degree/Diploma/Certificate Earned or # of years	Major / Minor		

(20) Graduate/Professional School	Location		
Attended from (mo/yr to mo/yr)	Did you graduate?	Yes	No
Degree/Diploma/Certificate Earned or # of years	Major / Minor		

(21) Technical Institute/Internship/Other	Location		
Attended from (mo/yr to mo/yr)	Did you graduate?	Yes	No
Degree/Diploma/Certificate Earned or # of years	Major / Minor		

(22) Please list any additional information for education.

## ▶ **KNOWLEDGE, SKILLS, AND ABILITIES**

(23) 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 wish consideration for a secretarial/clerical position, indicate typing speed and word processing software packages known and/or used.

- |     |     |
|-----|-----|
| (a) | (e) |
| (b) | (f) |
| (c) | (g) |
| (d) | (h) |

## ▶ **REGISTRATIONS, LICENSES, CERTIFICATIONS**

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

Registration	State	No	Exp. Date
Registration	State	No	Exp. Date
Other			

(25) 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**

(26) Is your driver's license a Commercial Driver's License? Yes No If YES, indicate the class



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## ▶ 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 # of employees supervised by you  
 If you worked part-time, the number of hours worked per week  
 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 # of employees supervised by you  
 If you worked part-time, the number of hours worked per week  
 DUTIES IN ORDER OF IMPORTANCE

REASON FOR LEAVING

### 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





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Employer or company address

Name and Title of most current supervisor

Full-time for: Yrs                  Mos                  Part-time for: Yrs                  Mos                  # of employees supervised by you

If you worked part-time, the number of hours worked per week

DUTIES IN ORDER OF IMPORTANCE

REASON FOR LEAVING

(27) Have you had disciplinary action taken against you in the past 12 months? If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)	Yes	No
(28) 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? If YES to "a" or "b", explain under EXPLANATIONS. (A YES will not automatically disqualify you.)	Yes	No
(29) May we contact your present employer for reference prior to an interview (if granted)? If you are not currently employed, please check here N/A	Yes	No
	If NO, explain under EXPLANATIONS.	

**EXPLANATIONS:**

ITEM #

ITEM #

ITEM #

ITEM #

**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 of Lewisville; 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 of Lewisville 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 if I apply or have applied for certain jobs, I may be tested for drug and alcohol 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 appointment.
- I understand and acknowledge that should I be employed by the Town of Lewisville, 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 or by conduct unless such change is specifically approved by the Town Manager.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_



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The Town of Lewisville 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 which 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. **SEX:** Male Female

**III. ETHNIC CATEGORY:**

- 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:**

- Newspaper (specify)
- Employment Security Commission Job Line Employment Interest Card
- Came to Municipal Building Employment Opportunity List (where posted)
- Internet Other (specify)

**DRUG SCREENING**

All FINAL applicants for high risk or safety sensitive positions (HRSS) must pass a drug screening process. Further information will be provided at the appropriate time in the employment process.

**OVERTIME COMPENSATION AGREEMENT**

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), we generally allow the employee to choose between time off or pay for overtime worked. However, either 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? 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 \_\_\_\_\_