



# APPLICATION FOR EMPLOYMENT

Please Print or Type

Please return to P.O. Box 547, Lewisville, NC 27023-0547

Date of Application \_\_\_\_\_

## PART I: PERSONAL DATA

1. Position for which you are applying: \_\_\_\_\_

2. Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

3. Phone: Daytime ( ) \_\_\_\_\_ Evening ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

4. Email Address: \_\_\_\_\_

5. Present Mailing Address: \_\_\_\_\_  
(Number and Street, RFD or Post Office Box Number)

(CITY) \_\_\_\_\_ (COUNTY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE) \_\_\_\_\_

6. Permanent Address if different than above: \_\_\_\_\_

\_\_\_\_\_

7. Emergency Contact: \_\_\_\_\_

\_\_\_\_\_  
(Address) (Phone No.) (Relationship)

## PART II: EDUCATION AND TRAINING

8. Attach resume to employment application with detailed education information including:

- type of school (high school, technical institute, college or university, etc.)
- name and location of school
- dates of attendance
- degree/diploma received
- field of study

9. Special professional and vocational qualifications, i.e., licenses, publications, public speaking, membership in professional or scientific societies and volunteer experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Awards, honors and fellowships received:

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**PART III: OFFICE/COMPUTER SKILLS HISTORY**

11. In the space provided, please place an X beside the skills you possess.

- Typing (wpm \_\_\_\_\_)
- Data Entry (wpm \_\_\_\_\_)
- Calculator Touch  Sight \_\_\_\_\_
- Word Processor
- Printer/Copier
- Fax Machine
- Computer – List software proficient in e.g. Word, Excel, Access, ArcGIS, ArcPro, etc:

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**PART IV: WORK HISTORY**

12. In the space provided below, give your employment history, beginning with your present or most recent employer and list all positions held, including military, part-time, summer and volunteer work. Details on any period of unemployment must be included. IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS USING THE SAME FORMAT. A personal resume CANNOT be substituted for this portion of the application; however, please attach a resume as a supplement. You must complete ALL parts of the employment application in order for your application to be considered complete.

**A. Name/Business Address of Employer:** \_\_\_\_\_

Date of employment from: \_\_\_\_\_ to \_\_\_\_\_ Title of Position: \_\_\_\_\_  
(Month/Day/Year)

Full or Part Time: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Description of duties and responsibilities: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

May we contact your employer regarding your record of employment? Yes \_\_\_\_ No \_\_\_\_

**B. Name/Business Address of Employer:** \_\_\_\_\_

Date of employment from: \_\_\_\_\_ to \_\_\_\_\_ Title of Position: \_\_\_\_\_  
(Month/Day/Year)

Full or Part Time: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Description of duties and responsibilities: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

May we contact your employer regarding your record of employment? Yes \_\_\_\_ No \_\_\_\_

**C. Name/Business Address of Employer:** \_\_\_\_\_

Date of employment from: \_\_\_\_\_ to \_\_\_\_\_ Title of Position: \_\_\_\_\_  
(Month/Day/Year)

Full or Part Time: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Description of duties and responsibilities: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_

May we contact your employer regarding your record of employment? Yes \_\_\_\_ No \_\_\_\_

**PART V: REFERENCES**

13. List three (3) persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for this position for which you are applying. Do NOT repeat names of supervisors listed under PART IV Work History.

NAME	EMAIL & PHONE	OCCUPATION
1		
2		
3		

**PART VI: MILITARY SERVICE**

14. Have you ever served in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is "yes," please complete the items below:

Branch \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Day/Year)

15. Describe special training and military assignments related to job applied for (if applicable):

**PART VII: ADDITIONAL INFORMATION**

YES NO

16. Have you ever been employed by the Town of Lewisville? \_\_\_\_\_

17. Are you related by blood or marriage to any person now employed by the Town of Lewisville? If "yes," give name a relationship and the position held by the relative. Relative is defined as wife, husband, mother, father, daughter, son, sister, brother, half-sister or brother; stepmother, father or child, stepsisters/brother grandmother or father, grandson, mother, father, sister or brother-in-law, aunts, uncles, nieces, nephews and first cousins. (list in item 22) \_\_\_\_\_

18. Have you ever been dismissed or forced to resign from any position? (If yes, give details in item 22) \_\_\_\_\_

19. Have you ever served time in prison? Note: A "yes" response does not automatically disqualify you from employment since the date and nature of the offense and the type of job for which you are applying will be considered. (If yes, give details in item 22) \_\_\_\_\_

20. Have you ever been convicted of a felony? Note: A "yes" response does not automatically disqualify you from employment since the date and nature of the offense and the type of job for which you are applying will be considered. (If yes, give details in item 22) \_\_\_\_\_

21. A valid North Carolina driver's license is required. Class \_\_\_\_\_ CDL \_\_\_\_\_ Class \_\_\_\_\_

22. Please use this space for detailed answers. Indicate the item number to which answers apply.

Item no.	Details

Controlled substance testing is required prior to finalization of the selection process for employment, promotion, or transfer. Further information will be provided at the appropriate time in the selection process. A confirmed positive drug test will result in disqualification for employment, promotion or transfer, and may be grounds for dismissal if already employed. Scheduling information will be provided at the appropriate time. In accordance with American with Disabilities Act, the Town of Lewisville will consider reasonable accommodations if requested.

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**OVERTIME POLICY AND AGREEMENT FOR NON-EXEMPT POSITIONS:** Consistent with the provisions contained in the 1985 amendments to the Fair Labor Standards Act, it is the Town’s policy to compensate non-exempt employees for overtime work with compensatory time off, when possible, in lieu of overtime pay. If I am employed in a non-exempt position, I agree to accept, at the discretion of the Town, either compensatory time off or overtime pay, as appropriate compensation for overtime work that I may be required to perform as an employee of the Town of Lewisville.

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**FOR MALES AGE 18 THROUGH 25 ONLY:** Males who are 18 through 25 are required to register with the Federal Government in accordance with the Military Selective Service Act. State law prohibits local government from employing anyone who has not complied with this requirement. Please indicate if you have registered for Selective Service: Yes \_\_\_\_\_ No \_\_\_\_\_

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**PART VIII: MANAGEMENT POLICY**

**TITLE: EMPLOYMENT OF RELATIVES**

No person shall be employed, promoted, demoted, transferred or otherwise appointed to a position supervised directly by a relative. Department heads may make transfers or reassignments, when possible, that will allow the appointment to take place, but avoid supervision or other situations where influence over a relative’s employment conditions could be exercised. No person serving as evaluator of applicants for employment (interviewer, selection panel member, assessor, etc.) may be a relative of any applicant for that position. This policy applies to all employment actions, including new hires, promotions, demotions and transfers effective this date and following. Department heads are responsible for compliance with this policy and ensuring that favoritism does not occur. Every new hire and candidate for promotion will sign a statement acknowledging an understanding of this policy and its potential effect on their employment with the Town of Lewisville. The Definition of a Relative is the one stated in Part VII.

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**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY:**

**DECLARATION OF APPLICATION**

**I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statement and answers to questions and that the information I have provided in this application for employment, including application inserts and resume, is subject to verification by the Town of Lewisville. I am aware that should an investigation disclose any misrepresentations, omissions, or falsification, my application may be rejected, or if already employed, my employment may be terminated.**

**DATE \_\_\_\_\_ Applicant’s Signature \_\_\_\_\_**

**SUPPLEMENT TO TOWN OF LEWISVILLE EMPLOYMENT APPLICATION**

This form is confidential and is used by the Personnel Department to obtain background checks and compile Equal Employment Opportunity statistical data. Please read form and fully complete relevant sections in LEGIBLE PRINT so that your application can be processed.

**AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION**

I authorize the Town of Lewisville to investigate my police, court and driving background. The disclosure of a record will not result in an automatic disqualification from employment, but will be considered in relation to the position for which I am applying.

**PLEASE NOTE: YOU MUST PROVIDE YOUR "FULL," MIDDLE NAME AND A "PREVIOUS ADDRESS." IF YOU HAVE NOT LIVED AT YOUR CURRENT & PREVIOUS ADDRESS FOR A TOTAL OF 10 YEARS. THEN YOU MUST SUPPLY ADDITIONAL ADDRESSES BELOW OR USE A SEPARATE SHEET AND ATTACH IT TO THIS FORM.**

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Last Name	First Name	Middle Name	Maiden Name
Date of Birth _____ Sex: Male ___ Female ___ Race _____			
Driver's License No. _____ State _____ Type: CLASS A ___ B ___ C ___ CDL Class A ___ B ___ C ___			

PLEASE PROVIDE 10 FULL YEARS OF ADDRESSES BELOW: (Do not list post office boxes)

Current Address: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
(Street or RFD) City County State Length of residence

Previous Address: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
(Street or RFD) City County State Length of residence

Previous Address: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
(Street or RFD) City County State Length of residence

Previous Address: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
(Street or RFD) City County State Length of residence

Previous Address: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
(Street or RFD) City County State Length of residence

Previous Address: \_\_\_\_\_ From: \_\_\_\_\_ to \_\_\_\_\_  
(Street or RFD) City County State Length of residence

Applicant's Signature: \_\_\_\_\_ DATE \_\_\_\_\_

The Town of Lewisville complies with the Immigration Reform and Control Act of 1986. All employees must provide documentation to verify identity and employment eligibility within the first three days of employment with the Town of Lewisville.

In accordance with American with Disabilities Act, the Town of Lewisville will consider reasonable accommodations if requested.

The Town of Lewisville is an equal opportunity employer and does not discriminate on the basis of race, sex, color, creed, age, disability, sexual orientation or national origin.

Town of Lewisville  
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P.O. Box 547  
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