



TOWN OF SUNSET BEACH
700 SUNSET BOULEVARD NORTH
SUNSET BEACH, NC 28468
TELEPHONE: 910-579-6297 FAX: 910-579-1840
EMAIL: SUNSETBEACH@ATMC.NET

APPLICATION OF EMPLOYMENT

Note: Please type or print your answers. If you print, use blue or black ink and write neatly. An illegible application may preclude you from consideration.

Position Applying For: _____

First Name Middle Initial Last Name

Current Address:

Street and Apt. # City State Zip Code

Permanent Address (If different from above):

Street and Apt. # City State Zip Code

Telephone: _____ Email: _____

Social Security #: _____ Driver's License #: _____

I am a U. S. Citizen or otherwise authorized to work in the United States on an unrestricted basis:
 Yes No

If applicable, please list your visa type, visa #, and expiration:

Have you ever been convicted of a felony? Yes No

If you answered "yes," please explain: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Employment History

Present or Most Recent Employer: _____

Address: _____ City _____ State _____

Your Position: _____ Salary: \$ _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No

Reason(s) for Leaving: _____

Prior Employer: _____

Address: _____ City _____ State _____

Your Position: _____ Salary: \$ _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No

Reason(s) for Leaving: _____

Prior Employer: _____

Address: _____ City _____ State _____

Your Position: _____ Salary: \$ _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No

Reason(s) for Leaving: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Education

College or University: _____

Address: _____ City _____ State _____

Did you graduate? Yes No Attended from _____ to _____.

Degree: _____ Major: _____

Advanced Degree: _____ Major: _____

Advanced Degree: _____ Major: _____

Special honors or awards:

High School: _____

Address: _____ City _____ State _____

Did you graduate? Yes No Attended from _____ to _____.

If you did not graduate, did you receive your GED? Yes No

Special honors or awards:

Technical or Vocational School: _____

Address: _____ City _____ State _____

Did you graduate? Yes No Attended from _____ to _____.

Degree or Certification: _____ Specialty: _____

Special honors or awards:

Last Name: _____ First Name: _____ Middle Initial: _____

Position Information/Specifications

How did you hear about this job? _____

What hours are you willing to work? _____

Are you able to work weekends? Yes No

Are you willing to travel if required? Yes No

What date are you able to start employment if offered? _____

Desired Salary: _____ per _____.

Please describe skills in the following areas:

Computer/Technology

Languages Spoken (other than English): _____

Other skills you feel are pertinent to the position for which you are applying.

Please read carefully before signing and dating your signature in the spaces provided below.

Equal Employment Opportunity

It is the policy of the Town of Sunset Beach, NC (hereafter referred to as “the Town of Sunset Beach”) to select and employ the best qualified people in all areas of the town’s administration and governance, and to provide equal opportunity for the advancement of employees, including promotions and training, and to administer these activities in a manner which will not discriminate against anyone because of race, color, religion, gender, sexual orientation, age, national origin, non-job-related disabilities, or other characteristics protected by applicable federal, state, or local laws.

Acknowledgment from the Applicant

I certify that the facts provided in this employment application are true and complete to the best of my knowledge. I understand and agree that any misrepresentation, falsification, or omission of information requested on this application may result in denial of my application and that, if I am accepted as an employee of the Town of Sunset Beach, and any facts presented either on this application, my résumé, or while I am employed are found to be untrue or incomplete, disciplinary action may be taken which may result in termination. I authorize all organizations, educational institutions, medical institutions, persons, law enforcement agencies, military services, and former employers to release any information they may have about me to the Town of Sunset Beach, and/or any agency acting as the agent of the Town of Sunset Beach for the purpose of a pre-employment background check. I release all parties from all liability for any damage that may result from furnishing this information to the Town of Sunset Beach. I understand that the Town of Sunset Beach’s policy forbids its employees to participate in enterprises that may deter the responsible and prudent execution of the Town’s responsibilities to the citizens of Sunset Beach, or occupy so much of my time as to detract from my performance for Sunset Beach, should I become an employee of the municipality.

I also understand that, should I become an employee of the Town of Sunset Beach, my employment relationship will be of an “at will” nature, which allows either party to terminate the relationship at any time. Specifically, I recognize that I may resign at any time, with or without reason, and that the Town of Sunset Beach may also discontinue my employment at any time with or without cause or prior notice.

No employee of the Town of Sunset Beach has the authority to make any changes or revisions to the “at will” status of employees. No officer, manager, supervisor, or Council member, neither employed nor elected nor appointed, has the authority to modify, either orally or in writing, the “at will” employment status of employees.

Informed Consent and Release of Liability

I voluntarily agree to submit to any pre-employment test, examinations, reference checks, and surveys as a condition of employment with the Town of Sunset Beach. In accordance with its Substance Abuse Policy, the Town of Sunset Beach conducts drug and/or alcohol screening. The screening will occur prior to employment and may be repeated at any time during the duration of employment. I understand when the Town of Sunset Beach requires this testing it is concerned only with the presence of illegal drugs and the improper use of legal drugs and alcohol. I understand that failure or refusal to submit to any such testing, falsification of a test, or a positive finding on a test will remove me from consideration for employment or terminate my employment with the Town of Sunset Beach. The screening process may involve the collection and testing of urine samples, among other things, performed by a certified laboratory. The screening program may involve various legal screening techniques performed by qualified people. All testing will be administered in a manner that protects my privacy while ensuring the integrity of any samples taken. As part of this testing process, I consent to provide complete and accurate information to qualified medical personnel who may ask if there are any medications that I am taking. I understand that I am not required to reveal the condition necessitating the medication.

As a candidate for employment, I _____
(print full name legibly)

understand, authorize, and consent to the Town of Sunset Beach or its agent(s) conducting drug and/or alcohol screenings as described above. I consent to the release of the drug and/or alcohol screening results to an authorized representative of the Town of Sunset Beach for appropriate review. I release and agree to hold harmless the Town of Sunset Beach, its employees, and its agents from any and all liability, and claims of any nature whatsoever that may arise from or be related to the testing or the use of such test results.

In consideration for my employment for the Town of Sunset Beach, I knowingly and voluntarily agree to initiate legal proceedings with respect to any claim I believe I have related to my employment with the town of Sunset Beach, including claims related to the termination of my employment within six (6) months of the action on which my claim is based, so long as there is no directly contrary statute. I understand that, in agreeing to this provision, I may be waiving my right to a longer statute of limitations otherwise applicable at such claim.

My signature below indicates that I have read, understood, authorize, and consent to all of the above and hereby voluntarily agree to participate in the drug and/or alcohol-testing program.

My signature below indicates that all the information provided in this application is full, complete, and accurate.

Signature: _____ **Date:** _____