

**Town of Littleton**  
P.O. Box 87  
Littleton, NC 27850  
(252) 586-2709 Fax (252) 586-2709

**APPLICATION FOR EMPLOYMENT**  
(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

**PERSONAL INFORMATION**

Date \_\_\_\_\_  
Social Security  
Number \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Middle

PRESENT ADDRESS \_\_\_\_\_  
Street City State Zip

PERMANENT ADDRESS \_\_\_\_\_  
Street City State Zip

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES \_\_\_\_\_ NO \_\_\_\_\_

**EMPLOYMENT DESIRED**

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. IF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

**GENERAL**

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

ACTIVITIES: (CIVIC, ATHLETIC, ETC.) \_\_\_\_\_  
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN

US MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

\*THIS FORM HAS BEEN REVISED TO COMPLY WITH THE PROVISIONS OF THE AMERICANS WITH DISABILITIES ACT AND THE FINAL REGULATIONS AND INTERPRETIVE GUIDANCE PROMULGATED BY THE EEOC ON JULY 26, 1991.

**This institution is an equal opportunity provider and employer.**

APPROVED: 1. \_\_\_\_\_ EMPLOYMENT MANAGER  
 2. \_\_\_\_\_ DEPT. HEAD  
 3. \_\_\_\_\_ GENERAL MANAGER

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

HIRE: YES \_\_\_\_\_ NO \_\_\_\_\_ POSITION \_\_\_\_\_ DEPT. \_\_\_\_\_

NEATNESS \_\_\_\_\_ ABILITY \_\_\_\_\_

REMARKS: \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
 Signature Date

"I certify that all the information submitted by me on this application is true and complete, and I understand that is any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment will be terminated at any time. In consideration of my employment, I agree to conform to the Town's rules and regulations, and I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at either my or the Town's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the Town. I understand that no Town representative has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

EMERGENCY NOTIFY: Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

WHICH OF THESE JOBS DID YOU LIKE BEST? \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THIS JOB? \_\_\_\_\_

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
TO FROM				
TO FROM				
TO FROM				
TO FROM				