

Town of Dobbins Heights  
 172 Earle Franklin Drive  
 Dobbins Heights  
 P.O. Box 151  
 Hamlet, NC 28345

# APPLICATION FOR EMPLOYMENT

*Equal Opportunity Employer*

This application should be accompanied by three (3) letters of recommendation, an applicant data sheet, and transcripts. Incomplete files will not be considered.

Please Print or Type

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER	
Address (Street number and name)			City	County
State	Zip Code	Phone (Home or where you can be reached) ( )		Business Phone ( )

CHECK (✓) the types of work you will accept:

1. Full-time     
  2. Part-time     
  3. Day Hours     
  4. Evening Hours

If you are not available for work now, enter the earliest date you could begin work (m/o/da/yr) \_\_\_\_\_

**JOBS APPLIED FOR:**

Enter below the specific title(s) of the job(s) for which you are applying:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**EDUCATION**

*A transcript of all college credits and/or high school credits, if requested, is required before this Application can be processed. This copy will not be returned.*

Schools	Name and Location	Grad?	S/Q Hrs.	Major/Course	Type Degree
High School		Yes			
		No			
College/University		Yes			
		No			
Graduate or Professional		Yes			
		No			
Other educational vocational school, internships.		Yes			
		No			

**ACADEMIC/PERSONAL/PROFESSIONAL ACCOMPLISHMENTS**

Describe any accomplishments, scholastic honors, honorary societies, patent/publications, professional societies, and other pertinent experience or honors: \_\_\_\_\_

List subjects you feel qualified to teach: \_\_\_\_\_

List other activities which you are qualified to direct: \_\_\_\_\_

List field of work for which you are licensed, registered, or certified, giving date(s) and source(s) of issuance: \_\_\_\_\_

**WORK HISTORY (Include volunteer experience)**

Use Additional Sheets if Necessary

Current or Last Employer:		Address:		
Job Title:		Supervisor Name:		No. Supervised by You:
Date Employed	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May We Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Separated:	Duties:			
Full-Time (Months/Years)				
Part-Time (Months/Years)				
If part-time, number of hours worked per week:				
Current or Last Employer:		Address:		
Job Title:		Supervisor Name:		No. Supervised by You:
Date Employed	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May We Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Separated:	Duties:			
Full-Time (Months/Years)				
Part-Time (Months/Years)				
If part-time, number of hours worked per week:				
Current or Last Employer:		Address:		
Job Title:		Supervisor Name:		No. Supervised by You:
Date Employed	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May We Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Separated:	Duties:			
Full-Time (Months/Years)				
Part-Time (Months/Years)				
If part-time, number of hours worked per week:				

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you can not be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

- No  Yes (If yes, explain fully on an additional sheet.)

I certify that all of the statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I authorize investigation of all statements made in this application and release to Richmond Community College officials. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed.

Signature of Applicant (unsigned applications will not be processed.)

Date