



**Town of Banner Elk**

P.O. Box 2049  
Banner Elk, NC 28604  
Phone: (828) 898-5398  
Fax: (828) 898-4568

**APPLICATION FOR EMPLOYMENT**

(Please print...Do not type. This application is to be completed by the individual applying for the position.)

**PERSONAL**

**NAME:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER:** \_\_\_\_\_  
(Last) (First) (Middle)

Name under which you have worked or been educated, if different from present name: \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**MAILING ADDRESS:** \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**HOME PHONE:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_  
(Last) (First) (Relationship) (Phone)

Are you a citizen of the United States?..... ( ) Yes ( ) No

If no, are you authorized to work in the U.S.? ..... ( ) Yes ( ) No

Have you been convicted of a crime, excluding misdemeanors and minor traffic violations?..... ( ) Yes ( ) No  
(If yes, describe in full on a separate sheet)

Are you now under charges for any offense against the law?..... ( ) Yes ( ) No  
(If yes, describe in full on a separate sheet)

Do you have a current driver's license?..... ( ) Yes ( ) No

License # \_\_\_\_\_ Issuing State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have access to an automobile to carry out the duties of this position?..... ( ) Yes ( ) No

Have you ever worked for the Town of Banner Elk?..... ( ) Yes ( ) No

If yes, what position(s)? \_\_\_\_\_ When? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Are you presently employed? ..... ( ) Yes ( ) No

If yes, may we contact your current employer?..... ( ) Yes ( ) No

Are you related by blood or marriage to anyone employed by the Town of Banner Elk?..... ( ) Yes ( ) No

If yes, give name(s) and relationship(s) \_\_\_\_\_

Would you be willing to work weekends or evenings if necessary? ..... ( ) Yes ( ) No

Are there any conditions that would limit your performance in this position? ..... ( ) Yes ( ) No

If yes, please list reason(s) \_\_\_\_\_

If offered a position, how many days notice would you require before beginning? \_\_\_\_\_

**EDUCATION**

Give your complete educational history below: (Verification may be required)

I do ( ) do not ( ) have a High School Diploma, High School Equivalency ( ), or GED ( ) from:

(School Name)	(City)	(State)	(Year Received)	Attended		Circle Number of Years Completed	Credit Hours	Did you Graduate	Degree or Diploma and Year Received	Major Subject
Education Beyond High School	Name and Location	From	To							
		Mo. Yr.	Mo. Yr.							
College or University						1 2 3 4				
Graduate or Professional						1 2 3 4				
Other Education, Internships, etc.						1 2 3 4				

List fields of work for which you are licensed, registered, giving date(s) and source(s) of issuance.

List typing and shorthand skills, machines you can operate, and other skills of proficiency.

If the position applied for calls for specific training or courses, indicate credits received.

**MILITARY**

*(Copy 4 - DD 214 verification may be requested)*

Were you in the U.S. Armed Forces? ( ) Yes ( ) No If yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_ Highest Rank \_\_\_\_\_ Rank at Separation \_\_\_\_\_

List duties while serving, including special training:

Are you now a member of the Military Reserve or National Guard? ( ) Yes ( ) No Branch \_\_\_\_\_ Rank \_\_\_\_\_

List duties while serving, including special training:

Is there any other military education or training information you feel is relevant to evaluating your qualifications for this position? ( ) Yes ( ) No If so, please describe: \_\_\_\_\_

**WORK EXPERIENCE**

*Provide information on any work experiences you have had including Military, Volunteer, Internships, and formal employment. Begin with your present or last work experience. If more space is needed, attach a continuation sheet.*

A. Employer: \_\_\_\_\_ Full Time ( ) Part Time ( ) PT hrs/wk \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Date of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Starting Pay \$ \_\_\_\_\_ Ending Pay \$ \_\_\_\_\_  
Describe your job duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

B. Employer: \_\_\_\_\_ Full Time ( ) Part Time ( ) PT hrs/wk \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Date of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Starting Pay \$ \_\_\_\_\_ Ending Pay \$ \_\_\_\_\_  
Describe your job duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

C. Employer: \_\_\_\_\_ Full Time ( ) Part Time ( ) PT hrs/wk \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Date of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Starting Pay \$ \_\_\_\_\_ Ending Pay \$ \_\_\_\_\_  
Describe your job duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

D. Employer: \_\_\_\_\_ Full Time ( ) Part Time ( ) PT hrs/wk \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Date of Employment: From \_\_\_\_\_ to \_\_\_\_\_ Starting Pay \$ \_\_\_\_\_ Ending Pay \$ \_\_\_\_\_  
Describe your job duties: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

E. Is there any other prior employment experience information you feel is relevant to evaluating your qualifications for this position? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PERSONAL REFERENCES**

*Please provide the following information for four responsible persons, other than relatives or past employers, who can provide information about your character, ability, experience, personality, and other qualities.*

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- A. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
How acquainted?: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_
- B. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
How acquainted?: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_
- C. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
How acquainted?: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_
- D. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
How acquainted?: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

*Applications must be completed in full to be considered.*

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**CERTIFICATE OF APPLICANT**

I hereby certify that all statements on this application are true and correct to the best of my knowledge, and I agree to permit the investigation of each statement made by me hereon unless otherwise indicated. I understand that my employment may be contingent upon passing a physical examination including a substance abuse screening. Employment is also subject to an initial probationary period and verification that age and citizenship/visa status meets legal requirements. I further understand that any misstatement on this application may be cause for discharge.

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the Town of Banner Elk, whether the said records are of a public, private, or confidential nature. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release statement will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

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Full Signature (include maiden name)

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Date

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Position Applied For