



Welcome To  
*White Lake*

**Town of White Lake**  
**APPLICATION FOR EMPLOYMENT**

The Town of White Lake is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Applications will be accepted only for positions for which the Town is recruiting and may be hand delivered or mailed to 1879 White Lake Drive PMB 7250, White Lake, North Carolina 28337-7250

[www.whitelakenc.org](http://www.whitelakenc.org)

Thank you very much for your interest in employment with the Town of White Lake. For your application to be considered you must truthfully and, to the best of your ability, complete the following sections. Unsigned or incomplete applications will not be considered. Once submitted, application materials become the property of the Town of White Lake. An application must be received by 5:00 pm on the closing date posted to ensure consideration. Photocopied applications must have an original signature and current date.

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**PERSONAL:**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip Code

Position Sought \_\_\_\_\_

Date Available \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Are you over 18 years old?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No  
(If offered employment, you will be required to provide documentation to verify eligibility.)

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Is your driver's license a Commercial Driver's License? \_\_\_ Yes \_\_\_ No

If Yes, indicate the class: \_\_\_\_\_

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**EDUCATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

**High School:** Number of Years Completed (circle one) 1 2 3 4

**Diploma:** \_\_\_ Yes \_\_\_ No **G.E.D.:** \_\_\_ Yes \_\_\_ No

Name of High School(s) \_\_\_\_\_ City/State \_\_\_\_\_

**College and/or Vocational School:** Number of Years Completed (circle one) 1 2 3 4

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

**Other Training or Degrees:**

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

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**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of License(s) Held \_\_\_\_\_

State of North Carolina Certification or License Number: \_\_\_\_\_

License Expiration Date \_\_\_\_\_

Other Professional Memberships \_\_\_\_\_

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**EMPLOYMENT:**

Record your complete work history in the following spaces. If needed, additional sheets containing the same information and in the same format are acceptable. Begin with your CURRENT or MOST RECENT EMPLOYMENT. Include military and related volunteer experience. Be sure to account for gaps in your employment history. ALL SPACES MUST BE COMPLETED OR MARKED N/A (Not Applicable). You may attach your resume for review; however, neither an attached resume nor the statement "see resume" will be considered nor will it will be accepted as a substitute for a completed application.

**A. CURRENT OR MOST RECENT EMPLOYMENT**

JOB TITLE: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer or Company: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Employer or Company Address: \_\_\_\_\_

Name and Title of most recent supervisor: \_\_\_\_\_

Full-Time for: Yrs. \_\_\_\_ Months \_\_\_\_ Part-Time for Yrs. \_\_\_\_ Months \_\_\_\_ # Supervised by you: \_\_\_\_

If you worked part-time, the number of hours worked per week: \_\_\_\_\_

**DUTIES IN ORDER OF IMPORTANCE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR LEAVING or desiring a change:**

\_\_\_\_\_  
\_\_\_\_\_

**B. CURRENT OR MOST RECENT EMPLOYMENT**

JOB TITLE: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer or Company: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Employer or Company Address: \_\_\_\_\_

Name and Title of most recent supervisor: \_\_\_\_\_

Full-Time for: Yrs. \_\_\_\_ Months \_\_\_\_ Part-Time for Yrs. \_\_\_\_ Months \_\_\_\_ # Supervised by you: \_\_\_\_

If you worked part-time, the number of hours worked per week: \_\_\_\_\_

DUTIES IN ORDER OF IMPORTANCE:

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REASON FOR LEAVING or desiring a change:

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C. CURRENT OR MOST RECENT EMPLOYMENT

JOB TITLE: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer or Company: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Employer or Company Address: \_\_\_\_\_

Name and Title of most recent supervisor: \_\_\_\_\_

Full-Time for: Yrs. \_\_\_\_\_ Months \_\_\_\_ Part-Time for Yrs. \_\_\_\_\_ Months \_\_\_\_ # Supervised by you: \_\_\_\_\_

If you worked part-time, the number of hours worked per week: \_\_\_\_\_

DUTIES IN ORDER OF IMPORTANCE:

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REASON FOR LEAVING or desiring a change:

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D. CURRENT OR MOST RECENT EMPLOYMENT

JOB TITLE: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Date Employed: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employer or Company: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Employer or Company Address: \_\_\_\_\_

Name and Title of most recent supervisor: \_\_\_\_\_

Full-Time for: Yrs. \_\_\_\_\_ Months \_\_\_\_ Part-Time for Yrs. \_\_\_\_\_ Months \_\_\_\_ # Supervised by you: \_\_\_\_\_

If you worked part-time, the number of hours worked per week: \_\_\_\_\_

DUTIES IN ORDER OF IMPORTANCE:

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REASON FOR LEAVING or desiring a change:

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**KNOWLEDGE, SKILLS and ABILITIES**

Please list any knowledge, skills or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. Also include any software with which you have skills.

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**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize The Town of White Lake to verify their accuracy and to obtain reference information on my work performance. I hereby release The Town of White Lake from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I hereby authorize the Town of White Lake, or a third-party authorized by the Town of White Lake, to conduct a Police, Court, Credit and/or Motor Vehicle Records investigations of my background where related to the position for which I am applying.

I also understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently using or abusing these substances. I hereby consent to the testing and understand that the results preclude my appointment.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of The Town of White Lake. I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process

shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or The Town of White Lake may terminate my employment at any time with or without notice or cause.

Unsigned and undated applications will not be considered.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

**SUPPLEMENT TO TOWN OF WHITE LAKE EMPLOYMENT APPLICATION**

The Town of White Lake is an Equal Opportunity Employer. Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be kept from your employment application and will not be considered or used in any way in our selection process or for any personnel actions following employment. This information is maintained in a confidential file and any disclosure of this information is a violation of North Carolina law. Any public disclosure of this information, without your consent, is a violation of North Carolina General Statutes.

**POSITION APPLIED FOR:** \_\_\_\_\_

Name: \_\_\_\_\_

Last,

First

Middle

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



Sex:  Male  Female

Ethnic Identification: (Please Check)

White: Origins in any of the original peoples of Europe, North Africa or the Middle East

Black: Origins in any of the racial groups of Africa (not Hispanic)

Hispanic: Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin regardless of race

Asian or Pacific Islander: Origins in the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

Native American or Alaskan Native: Origins in any of the original peoples of North America

Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_



**OVERTIME COMPENSATION AGREEMENT**

For employees subject to the overtime provisions of the Fair Labor Standards Act, they shall receive compensation for all overtime hours at a rate of one and one-half times their hourly rate. By my below signature I agree that the Town of White Lake may, at their discretion, compensate me for said overtime in the form of pay or time off (Comp Time) and that authorization to use the Comp Time is at the discretion of the Town. I further understand and agree that any accrued Comp Time will be taken before sick leave, vacation leave or any other form of approved leave.



**SELECTIVE SERVICE REGISTRATION**

If male and age 18 to 26, have you registered for Selective Service?

Check One:  Yes  No

If not, you will have 30 days to comply if selected for a position as required by Federal Law.



**EMPLOYMENT OF RELATIVES**

The Town prohibits the hiring and employment of immediate family members in full or part-time positions within the same work unit if such employment would result in one family member supervising another or if one member will occupy a position of influence over another member’s employment or any condition of employment. The Town also prohibits the employment of any person into a position who is an immediate family member of individuals holding the following positions: Mayor, Town Commissioner, Finance Officer, Human Resources Officer, or Town Attorney.

1. Are you an immediate family member of a current Town of White Lake employee?

Yes  No

If yes, please provide the name(s) of the employee(s) and your relationship to that employee(s):



- 2. Are you an immediate family member of the Mayor?  Yes  No;
- 3. Are you an immediate family member of a Town Commissioner?  Yes  No;
- 4. Are you an immediate family member of the Finance Officer?  Yes  No;
- 5. Are you an immediate family member of the Human Resources Officer?  Yes  No;
- 6. Are you an immediate family member of the Town Attorney?  Yes  No.

If you answered yes to question 2, 3, 4, 5 or 6 you are not eligible for employment consideration for so long as that relationship exists.



**CERTIFICATION (THIS FORM MUST BE SIGNED)**

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge and ability.

PRINT NAME: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_