



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

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.

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: _____

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 _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____

State of North Carolina Certification or License Number: _____

License Expiration Date _____

Other Professional Memberships _____

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:

REASON FOR LEAVING or desiring a change:

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:

REASON FOR LEAVING or desiring a change:

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:

REASON FOR LEAVING or desiring a change:

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.

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: _____

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: _____