

| Full Name: | | Date: | Date: | | | | | | |
|--|---------------------------------|-------------------|-----------------------------|------------------------|---------|-------------------------------------|----------|-----------|----|
| | Last | M.I. | | | | | | | |
| Address: | | | | | | | | | |
| | Street Address | | | | | | Apartm | nent/Unit | # |
| | City | | | | | State | ZIP Co | de | |
| Phone: | | | | Email | | | | | |
| Date Available: | | Positio Applie | | | | | | | |
| Are you a | citizen of the United States? | YES | NO | If no, are | e you a | authorized to work in the | U.S.? | YES | NO |
| Have you ever worked for the Town of Fayetteville? | | YES | NO | If yes, w | hen? | | | | |
| Have you of felony? | ever been convicted of a | YES | NO | | | | | | |
| If yes, ex | plain: | | | | | | | | |
| If selected | d for employment, are you willi | | | to a back a Pre-emp | | I Check? nt Drug Screening Test? | YES YES | NO NO | |
| | | | Fd | ucation | | | | | |
| lliada Calaa | al. | | City, | , | | | | | |
| High Scho | oi: | | State: Did you duate? | YES | NO | Diploma: | | | |
| College/ OTHER: _ | | | City, State: | <u> </u> | | | | | |
| | | | Did you duate? | | NO | Degree: | | | |
| | | | Ref | erences | ; | | | | |
| Please list | t three professional reference | ?S. | | | | | | | |
| Full Name | e: | | | | | Relationship: | | | |
| Company | <i>y</i> : | | | | | Phone: | | | |
| Full Name | e: | | | | | Relationship: | | | |
| Company | <i>/</i> : | | | | | Phone: | | | |
| Full Name | e: | | | | | Relationship: | | | |
| Company | <i>/</i> : | | | | | Phone: | | | |

| | Pr | evious Emplo | yment | | T | | | |
|---|------------------------------------|-------------------|-----------|---------------------|-------------|------|----|--|
| Company: | | | | | Phone: | | | |
| Address: | | | | | Supervisor: | | | |
| Job Title: | S | tarting Salary: | \$ | | Ending Sala | ary: | \$ | |
| Responsibilitie | es: | | | | | | | |
| From: | To: | Reaso | n for Lea | ving: _ | | | | |
| May we conta reference? | act your previous supervisor for a | YES | | NO | | | | |
| Company: | | | | T | Phone: | | | |
| Address: | | | | | Supervisor: | | | |
| Job Title: | s | tarting Salary: _ | \$ | | | ary: | \$ | |
| Responsibiliti | es: | | | | | | | |
| From: | To: | Reaso | n for Lea | aving: _ | | | | |
| May we conta reference? | act your previous supervisor for a | YES | 1 6 | NO | | | | |
| | | | | T | | | | |
| Company: | | | | | Phone: | | | |
| Address: | | | | | Supervisor: | | | |
| Job Title: _ | S | tarting Salary: _ | \$ | | Ending Sala | ary: | \$ | |
| Responsibilitie | es: | | | | | | | |
| From: _ | To: | Reaso | n for Lea | ving: _ | | | | |
| May we conta reference? | act your previous supervisor for a | YES | | NO | | | | |
| | | Military Serv | /ice | | | | | |
| Branch: Rank at Discharge: If other than lexplain: | nonorable, | | of Disch | narge: ₋ | | | | |
| | Dis | claimer and S | ignatuı | re | | | | |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | | | | | | | | |
| The Town of Fayetteville is committed to providing equal employment opportunities to all individuals, regardless of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by law. We believe in fostering a diverse and inclusive workplace where all employees are valued and respected. | | | | | | | | |
| Signature: _ | ignature: Date: | | | | | | | |