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**WAYNE WATER DISTRICTS**  
P.O. Box 1583  
Goldsboro, N.C. 27533

**APPLICATION FOR EMPLOYMENT**

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER  
(Please Print in Ink or Use Typewriter)

Date \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Retirement No. \_\_\_\_\_ (If Active)

1. Position(s) applied for \_\_\_\_\_
2. Print Name \_\_\_\_\_  
(Last) (First) (Middle)
3. Permanent Address \_\_\_\_\_ Bus. \_\_\_\_\_ Res. \_\_\_\_\_  
(Street & No. or R.F.D.) (Phone Numbers)  
(City) (State) (Zip Code)
4. Present Address \_\_\_\_\_ Bus. \_\_\_\_\_ Res. \_\_\_\_\_  
(If different (Street & No. or R.F.D.) (Phone Numbers)  
from #3) (City) (State) (Zip Code)
5. Date of Birth \_\_\_\_\_ (Optional)  
Mo. Day Year
6. Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_, Years of service \_\_\_\_\_  
Date entered service \_\_\_\_\_ Date released from service \_\_\_\_\_  
Branch of Service \_\_\_\_\_
7. Were all discharges granted under honorable conditions? Yes \_\_\_\_\_ No \_\_\_\_\_  
If your answer to A or B below is "Yes", explain on Page 4 under  
"Additional Information."  
(A) Have you ever been convicted of a violation of any law or  
are you under current indictment (other than minor traffic  
violations)? Yes \_\_\_\_\_ No \_\_\_\_\_  
(B) Have you ever been discharged or asked to resign from a  
position? Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATIONAL RECORD**

8. Give your complete educational history below.

						Attended From/To	
Elementary or							
* High School		Name and Location				Mo. Year Mo. Year	
Circle No. Years Completed		1	2	3	4	Did you Graduate? Yes _____ No _____	
		5	6	7	8		
		9	10	11	12		

Degree or Diploma and Year Received \_\_\_\_\_  
\* Or have you passed the High School Equivalence Test? Yes \_\_\_\_\_ No \_\_\_\_\_

College or  
University

Attended From/To

Name and Location  
Circle No. Years 1 2 3 4 Did you Graduate? Yes \_\_\_ No \_\_\_  
Mo. Year Mo. Year

Credit Hours \*\* Major Subject

Degree of Diploma and Year Received

\*\* Indicate quarter hours "Q", semester hours "S"

**INTERESTS AND ACTIVITIES**

9. List Hobbies, Professional Recognitions, Committee Work, Publications, Civic Activities, etc.:

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

**EMPLOYMENT RECORD**

10. Answer questions for each period of employment. Failure to give complete information may result in rejection of your application. Begin with present or last position. If more space is needed, enclose another sheet.

- A. Title of present or last position  
Name and title of Supervisor  
Starting salary Last Salary  
Name of Employer Address  
No. of Employees  
Supervised by you:  
Date employed Date separated  
Full Time Part Time  
Years/Months Years/Months  
If part time, number of hours worked per week.  
Duties:  
Reason for leaving  
May we inquire of this employer about your character and qualifications? Yes \_\_\_ No \_\_\_

B. Title of next to last position \_\_\_\_\_  
Name and title of Supervisor \_\_\_\_\_  
Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_  
Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

No. of employees  
supervised by you: \_\_\_\_\_  
Date employed \_\_\_\_\_ Date separated \_\_\_\_\_  
Full time \_\_\_\_\_ Part time \_\_\_\_\_  
Years/Months Years/Months

If part time, number of hours worked per week. \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_  
May we inquire of this employer about your character and qualifications?  
Yes \_\_\_ No \_\_\_

C. Title of next to last position \_\_\_\_\_  
Name and title of Supervisor \_\_\_\_\_  
Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_  
Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

No. of employees  
supervised by you: \_\_\_\_\_  
Date employed \_\_\_\_\_ Date separated \_\_\_\_\_  
Full time \_\_\_\_\_ Part time \_\_\_\_\_  
Years/Months Years/Months

If part time, number of hours worked per week. \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_  
May we inquire of this employer about your character and qualifications?  
Yes \_\_\_ No \_\_\_



D. Title of next to last position \_\_\_\_\_  
Name and title of Supervisor \_\_\_\_\_  
Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_  
Name of Employer \_\_\_\_\_ Address \_\_\_\_\_

No. of employees supervised by you: \_\_\_\_\_  
Date employed \_\_\_\_\_ Date separated \_\_\_\_\_  
Full time \_\_\_\_\_ Part time \_\_\_\_\_  
Years/Months Years/Months

If part time, number of hours worked per week. \_\_\_\_\_

Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_  
May we inquire of this employer about your character and qualifications?  
Yes \_\_\_ No \_\_\_

11. REFERENCES: Other than relatives, who are in a position and willing to certify to your character, ability, experience and qualifications for the position. If you have a placement file with references therein, please give name and address of the placement office.

(A) Name \_\_\_\_\_ Address \_\_\_\_\_  
(B) Name \_\_\_\_\_ Address \_\_\_\_\_  
(C) Name \_\_\_\_\_ Address \_\_\_\_\_

ADDITIONAL INFORMATION

STATEMENT OF SELECTIVE SERVICE REGISTRATION COMPLIANCE

(Check A or B)

A. \_\_\_ I certify that I am not required to be registered with the Selective Service because (check one)

- \_\_\_ I am a female.
- \_\_\_ I am in the armed services on active duty. (Note: Members of the Reserves and National Guard are not considered on active duty.)
- \_\_\_ I am under the age of 18.
- \_\_\_ I was born before 1960.
- \_\_\_ I am a permanent resident to the Trust Territory of the Pacific Islands or the Northern Mariana Islands.
- \_\_\_ I am a nonimmigrant alien.

B. \_\_\_ I certify that I am registered with Selective Service.

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CERTIFICATE OF APPLICANT

I hereby certify that all answers and statements in this application are true. I am aware that should investigation disclose misrepresentation of falsification, I may be dismissed and disqualified for further employment.

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Date

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Applicant's Signature