

*use*

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 from #3) (Street & No. or R.F.D.) (Phone Numbers)  
(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.

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

Did you Graduate? Yes \_\_\_ No \_\_\_

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

College or University \_\_\_\_\_

Attended From/To

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

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 \_\_\_