



TOWN OF STONEVILLE

107 S Henry Street • PO Box 71 • Stoneville NC 27048
Phone: 336-573-9393 • 336-573-9695 • Fax: 336-573-2020

Application for Employment

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

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.

Signature: _____ Date: _____

The Town of Stoneville is an equal opportunity employer. The Town of Stoneville will select employees on the basis of applicants' qualifications and without regard to race, color, religion, gender, national origin, age, disability, genetic information, or other legally protected characteristic or activity.



ROCKINGHAM COUNTY GOVERNMENT
Office of 911 Emergency Communications

Criminal History Request Form
Municipal Employment – Purpose Code E-56
Applicant Information

*Applicant Full Name: _____

*Applicant Date of Birth: ____/____/____

*Race: _____ *Sex: _____

*Social Security Number: ____ - ____ - ____

*Position Applicant Applying For: _____

*Agency Applying For: _____

Requestor Information

*Requestor Name: _____

*Requestor Title: _____

*Requestor Signature: _____

*Date of Request: _____

DCI Operator Instructions

1. Use QHNC Transaction
2. Purpose Code E-56 for city employment
3. ATN Field must be the Chief of Police or their SWORN representative
4. ATN2 Field indicate secondary dissemination (Town Manager, etc.)
5. Properly fill out DCIN form
6. Print results and have agency pickup results at RCEC
7. Complete and retain this form in the TAC files

*DCIN Operator Name: _____

*DCIN Operator Signature: _____ *Date: ____/____/____

*Required fields are marked with an asterisk **