EMPLOYMENT APPLICATION

CITY OF BREVARD
95 W Main St
Brevard, North Carolina 28712

http://www.cityofbrevard.com

Wingate, Paige E
202200016 STATUTORY / CODE COMMITTEE MEMBER

ABC Board

Received: 5/14/26 02:47 PM
For Official Use Only:
QUAL: _____
DNQ: _____
☐Experience
☐Training
☐Other:_____

PERSONAL INFORMATION

POSITION TITLE: STATUTORY / CODE COMMITTEE MEMBER	**EXAM ID#:** 202200016
NAME: (Last, First, Middle) Wingate, Paige E	**SOCIAL SECURITY NUMBER:** N/A
ADDRESS: (Street, City, State/Province, Zip/Postal Code) [redacted]	**EMAIL ADDRESS:** [redacted]
HOME PHONE: [redacted]	**NOTIFICATION PREFERENCE:** Email

LEGAL RIGHT TO WORK IN THE UNITED STATES?
■Yes ☐No

What is your highest level of education?
Technical College

PREFERENCES

ARE YOU WILLING TO RELOCATE?
☐Yes ☐No ☐Maybe

WHAT TYPE OF JOB ARE YOU LOOKING FOR?
Regular

TYPES OF WORK YOU WILL ACCEPT:
Full Time, Per Diem

SHIFTS YOU WILL ACCEPT:
Day

EDUCATION

Nothing Entered For This Section

WORK EXPERIENCE

Nothing Entered For This Section

CERTIFICATES AND LICENSES

Nothing Entered For This Section

Skills

Nothing Entered For This Section

ADDITIONAL INFORMATION

Nothing Entered For This Section

REFERENCES

Nothing Entered For This Section

Agency-Wide Questions

1. **Are you a resident of the City of Brevard?A resident is defined as someone who lives in within the corporate city limits the majority of the year andclaims the City of Brevard as their domicile for legal purposes.**

   Yes

2. **Please list your current place of employment and your occupation.**

   Studio U Salon Hair Designer

3. **Please list any other appointed positions you currently hold in Brevard or Transylvania County.If none, please type "none or n/a"**

   None

4. **Why do you want to be a member of this Board and/or Committee?**

   I am a native of Brevard and I have worked in the city for 37 years. I have invested in the city, its residents, and want to see all parts of the city succeed. My hope is to improve operations of the ABC Board and improve the relationship between our board and our community.

5. **How would your experience, education and/or occupation be a benefit to this board or committee and the City of Brevard?**

   I am self employed and have worked with , budgeting , finance, and customer service throughout my lifetime. My experience working with the public give me a unique perspective on our community and a better understanding of what's important to the people of Brevard.

6. **Please briefly describe any community involvement you have that may be related and beneficial for City Council to know as they evaluate applicants to serve on this Board and/or Committee.**

   In the past, I have worked with the Heart of Brevard and the chamber of commerce. I have also been involved or worked multiple festivals and events that the city has hosted.

7. **Boards and Committees may meet in mornings, afternoons and or evening hours. What limitations do you have for attending meetings?**

   I have no limitations to accommodate meetings or events.

Job Specific Supplemental Questions

1. Please select from the list below which Statutory / Code Committee and/or Committees you are interested in serving on.

ABC Board

The following terms were accepted by the applicant upon submitting the online application:

By clicking the Accept and Submit button, I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete information may be grounds for not employing me and for termination from employment, after employed.

- I understand that I will have to produce documentation verifying identity and eligibility to work in the United States if offered employment.
- I understand that I may required to verify any and all information on this application.
- I understand that this competed application is the property of the City of Brevard and will not be returned.
- I understand it is my responsibility to notify Human Resources of any change to my name, address and/or phone number
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the City; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the City receives from an employer or educational institution under a promise of confidentiality.
- I also permit the City to conduct a Police, Court, Credit and/or Motor Vehicle Records Investigation of my background where related to the job for which I am applying.
- I 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 consent to the testing and understand that the results could prevent my employment.
- I understand and acknowledge that should I be employed by the City, then I serve "at will". This means that I may be terminated at any time. I further understand that this "at will" employment relationship may not be changed by any written document unless such change is specifically approved by the City Manager

This application was submitted by Paige E Wingate on 05/14/26 02:47 PM