

Name: _____

Application No. _____

APPLICATION FOR EMPLOYMENT

Duplin County & State of North Carolina

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR COUNTY and/or STATE EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

THE COUNTY/STATE EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT. MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR STATE EMPLOYMENT (G.S. 143B-421.1). SEE AVAILABILITY BLOCK.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.

APPLY FOR ONE VACANCY PER APPLICATION.

GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).

LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.

AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.

PROVIDE ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.

CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN COUNTY/STATE GOVERNMENT. DUPLIN COUNTY WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

Equal Opportunity Information

County/State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of County/State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

Date of Birth

(Month) (Day) (Year)

Gender

Male Female

DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.

ETHNIC GROUP

1. Hispanic/Latino
2. White
3. Black/African American
4. Asian
5. Native Hawaiian/Other Pacific Islander
6. American Indian/Alaska Native
7. Two or more races

- A** None/Prefer not to report
B Blind or severely visually impaired
C Deaf or severely hearing impaired
D Loss of limited use of arms and/or hands
E Non-ambulatory (must use wheelchair)
F Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)

- G** Respiratory impairment
H Nervous system/Neurological disorder
I Mentally restored
J Mental retardation
K Learning disability
L Others (heart disease, diabetes, speech impairment)
M Other (please specify) _____

APPLICATION FOR EMPLOYMENT			Duplin County & STATE OF North Carolina		Date of Application	
Last 4 digits of Social Security No.		Last Name		First Name	Middle Name	
Address (Street number and name)				City	County	
State		Zip Code	Phone (Home or where you can be reached)		Business Phone	
Availability Do you now work for the State of NC/Duplin County? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you related by blood or marriage to any person now working for the State of NC or Duplin County? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name, relationship to you and the agency where employed.		Can you show proof of your legal right to work and be in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		If subject to Military Selective Service registration, certify compliance by initialing dotted line	
Military Service Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you wish to declare a service-connected disability? <input type="checkbox"/> YES <input type="checkbox"/> NO At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you wish to declare eligibility for veteran's preference as the spouse of a disabled veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO Give dates of your (or spouse's) qualifying active military service: Entered: _____ Separated: _____ Branch: _____ Rank _____ Are you a member of the Military Reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Branch: _____ Rank _____						
CHECK the types of work you will accept: <input type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time <input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel <input type="checkbox"/> 7. Shift or Split Shift Work If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____						
Job Applied For Enter below the specific title of the job for which you are applying. Job Title: _____						
Referral Source Please indicate your referral source: If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____						
Education Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4 Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.						
Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Special training programs and seminars you have completed in the last five years (list): _____						
If the job(s) applied for calls for specific courses, indicate those courses taken and credits received: _____						
Current professional status: (List fields of work for which you have been registered) Registration: _____ State: _____ No. Registration: _____ State: _____ No.						
Membership in professional, honorary, or technical societies (list): _____				DO NOT COMPLETE THIS BLOCK		
				DEGREES AND PROFESSIONAL CREDENTIALS <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (G.S. 126-30) Person Responsible: _____		

Licenses and certifications (List, giving dates and sources of issuance):

SKILLS

CHECK the following skills, experiences, etc., which you have:

- | | | |
|---|---|--|
| <input type="checkbox"/> Driver's License _____ | <input type="checkbox"/> Sign Language _____ | <input type="checkbox"/> Legal Transcription _____ |
| <input type="checkbox"/> CDL License _____ Number _____ State _____ | <input type="checkbox"/> Foreign Language (specify) _____ | <input type="checkbox"/> Medical Transcription _____ |
| <input type="checkbox"/> _____ Number _____ State _____ | <input type="checkbox"/> Adding Machine/Calculator _____ | <input type="checkbox"/> Word Processing _____ |
| <input type="checkbox"/> Car for use at work | <input type="checkbox"/> Typing (specify WPM) _____ | <input type="checkbox"/> Other _____ |

Have you ever plead guilty or been convicted of a crime, excluding minor traffic violations? If yes, fully explain. A conviction does not necessarily exclude you from employment. Do not reveal any sealed or expunged records
 YES NO
 (If yes, explain fully on an additional sheet.)

WORK HISTORY (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying.

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

Signature of Applicant (unsigned applications will not be processed)

Date

Duplin County and State of North Carolina An Equal Opportunity/Affirmative Action Employer		Last 4 digits of Social Security No.	Last Name
Employer:		Address:	
Job Title:		Supervisor's Name	Telephone Number No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Full Time Years Months			
Part Time Years Months			
If part time, number of hours worked per week:			
Employer:		Address:	
Job Title:		Supervisor's Name	Telephone Number No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Full Time Years Months			
Part Time Years Months			
If part time, number of hours worked per week:			
Employer:		Address:	
Job Title:		Supervisor's Name	Telephone Number No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:		
Full Time Years Months			
Part Time Years Months			
If part time, number of hours worked per week:			
<p>I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)</p>			
Signature of Applicant (unsigned applications will not be processed)			Date

DUPLIN COUNTY

P.O. BOX 910
 KENANSVILLE, NC 28349
 (910) 296-2174
 duplincountync.com

REFERENCES: List persons who are not related to you who have knowledge of your qualifications for the position(s) for which you are applying. Please list the phone number of references where they can be reached from 8:00 a.m. to 5:00 p.m.

Name	Address	Phone Numbers

AUTHORIZATION FOR REFERENCE RELEASE

TO WHOM IT MAY CONCERN:

I have applied for employment with Duplin County. I hereby acknowledge that all documentation submitted as part of my application for employment with Duplin County shall become the property of Duplin County and will not be returned to me. I also hereby authorize any present or past employer of mine, any school, or personal reference to release information to the Duplin County Personnel Office regarding my work experience, character, etc. I hereby grant Duplin County authorization to conduct a driver's license check and criminal background check. I release all such persons/institutions from damages or liability as a result of inquiry or the furnishing of the information requested.

FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

In considering you as an applicant for employment or as a current employee, we may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business that, on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure consumer reports at any time during the employment period.

 Signature of Applicant

 Printed Name of Applicant

 Date