EMPLOYMENT APPLICATION

State of North Carolina
NOTE: Apply to the department listed on posting

An Equal Opportunity Employer, North Carolina - State Government
http://www.oshr.nc.gov/jobs/index.html (http://www.oshr.nc.gov/jobs/index.html)

Received:
For Official Use Only:
QUAL:_____
DNQ:_____
☐Experience
☐Training
☐Other:_____

PERSONAL INFORMATION

POSITION TITLE:	**Job Number:**
NAME: (Last, First, Middle)	**Last Four Digits of Social Security Number:**
Former Last Name (if applicable):	**Date And Month of Birth:**
ADDRESS: (Street, City, State/Province, Zip Code)	

HOME PHONE:	**ALTERNATE PHONE:**		**EMAIL ADDRESS:**
DRIVER'S LICENSE: ☐Yes ☐No	**DRIVER'S LICENSE:** **State/Province:** **Number:**	**DRIVER'S LICENSE:** **Class:**	**LEGAL RIGHT TO WORK IN THE UNITED STATES?** ☐Yes ☐No

PREFERENCES

WHAT IS YOUR MINIMUM COMPENSATION REQUIREMENT?	**ARE YOU WILLING TO RELOCATE?** ☐Yes ☐No ☐Maybe

SHIFTS YOU WILL ACCEPT: Please check all that apply.
☐ Day ☐ Evening ☐ Night ☐ Rotating ☐ Weekends ☐ On Call (as needed)

WHAT TYPE OF JOB ARE YOU LOOKING FOR? Please check all that apply.
☐ Regular ☐ Temporary

TYPES OF WORK YOU WILL ACCEPT: Please check all that apply.
☐ Permanent Full Time ☐ Permanent Part Time ☐ Temporary Full Time ☐ Temporary Part Time

OBJECTIVE:

EDUCATION

SCHOOL NAME:	**SCHOOL TYPE:**	**DATES:**
LOCATION: (City, State/Province)	**DID YOU GRADUATE?** ☐Yes ☐No	**DEGREE RECEIVED:**
MAJOR:		**UNITS COMPLETED:**
WEBSITE:		**UNIT TYPE:**

WORK EXPERIENCE

DATES:	**EMPLOYER:**	**POSITION TITLE:**
ADDRESS: (Street, City, State/Province, Zip Code)		**COMPANY URL:**
PHONE NUMBER:	**SUPERVISOR:**	**MAY WE CONTACT THIS EMPLOYER?** ☐Yes ☐No
HOURS PER WEEK:	**# OF EMPLOYEES SUPERVISED:**	

DUTIES:
REASON FOR LEAVING:

DATES:	**EMPLOYER:**	**POSITION TITLE:**
ADDRESS: (Street, City, State/Province, Zip Code)		**COMPANY URL:**
PHONE NUMBER:	**SUPERVISOR:**	**MAY WE CONTACT THIS EMPLOYER?** ☐Yes ☐No
HOURS PER WEEK:	**# OF EMPLOYEES SUPERVISED:**	
DUTIES:		
REASON FOR LEAVING:		

DATES:	**EMPLOYER:**	**POSITION TITLE:**
ADDRESS: (Street, City, State/Province, Zip Code)		**COMPANY URL:**
PHONE NUMBER:	**SUPERVISOR:**	**MAY WE CONTACT THIS EMPLOYER?** ☐Yes ☐No
HOURS PER WEEK:	**# OF EMPLOYEES SUPERVISED:**	
DUTIES:		
REASON FOR LEAVING:		

CERTIFICATES AND LICENSES

TYPE:	
LICENSE NUMBER:	**ISSUING AGENCY:**

SKILLS

OFFICE SKILLS:

OTHER SKILLS:

LANGUAGE(S):

REFERENCES

REFERENCE TYPE: **NAME:** **POSITION:**

ADDRESS: (Street, City, State/Province, Zip Code)

EMAIL ADDRESS: **PHONE NUMBER:**

REFERENCE TYPE: **NAME:** **POSITION:**

ADDRESS: (Street, City, State/Province, Zip Code)

EMAIL ADDRESS: **PHONE NUMBER:**

REFERENCE TYPE: **NAME:** **POSITION:**

ADDRESS: (Street, City, State/Province, Zip Code)

EMAIL ADDRESS: **PHONE NUMBER:**

Agency - Wide Questions

1. **Please provide the last 4 digits of your Social Security Number** _____
2. **Are you currently employed by the State of North Carolina?**

   ☐Yes ☐No
3. **If you answered "yes" to the previous question, please indicate the agency/university where you are currently working.**

   _____
4. **Are you related by blood or marriage to any person now working for the State?**

   ☐Yes ☐No
5. **If you answered "yes" to the previous question, please provide their name, relationship to you, and the agency where employed.**

   _____
6. **Are you a layoff candidate with the State of North Carolina eligible for RIF priority reemployment consideration as described by GS 126?**

   ☐Yes ☐No
7. **If you answered "yes" to the previous question, please indicate your date of written notification** _____
8. **Will you consider employment anywhere in North Carolina?**

   ☐Yes ☐No
9. **If you selected "no" to the previous question, please list the counties where you would be willing to work.**

   _____
10. **Are you the spouse of an active-duty service member or the spouse of a North Carolina National Guard member?**

    ☐Yes ☐No

11. Where did you learn about this opportunity?

☐ OSHR website
☐ Agency website
☐ Professional Association Website
☐ Professional Association
☐ Professional Journal
☐ Friend/Colleague
☐ Social Media
☐ TV/Radio
☐ Employment Security Commission
☐ State of NC Career Expo
☐ Career Fair for Persons with Disabilities
☐ Military Event
☐ Other

12. Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?

☐Yes ☐No

13. Do you wish to declare eligibility for Veterans Preference? If yes, please attach a copy of the DD-214. (If you answered "N/A" to the military service question, you do not need to answer this question.)

☐Yes ☐No

14. Do you wish to declare a service-connected disability? (If you answered "N/A" to the military service question, you do not need to answer this question.)

☐Yes ☐No

15. Do you wish to declare eligibility for veterans' preference as the surviving spouse or dependent of a deceased veteran who died for service-related reasons?

☐Yes ☐No

16. Do you wish to declare eligibility for veterans' preference as the spouse of a disabled veteran?

☐Yes ☐No

17. Please provide the entry and separation dates of your (or spouse's) qualifying active military service, branch of service, and rank.

_____

18. If subject to Military Selective Service registration, certify compliance by indicating below.

☐ Subject to Military Selective Service and have complied

☐ Subject to Military Selective Service and have not complied

☐ Not subject to Military Selective Service Registration

19. Do you wish to declare eligibility for National Guard preference?

☐Yes ☐No

20. Are you a resident of North Carolina who is a current member in good standing of either the North Carolina Army National Guard or the North Carolina Air National Guard? If yes, please attach a copy of the NGB 23A (RPAS)

☐ Yes ☐ No

21. Are you a resident of North Carolina who is a former member of either the North Carolina Army National Guard or the North Carolina Air National Guard, who discharge is under honorable conditions with a minimum of six years of creditable services? If yes, please attach a copy of the DD256 or NGB 22.

☐ Yes ☐ No

22. Do you wish to declare eligibility for veterans' preference as the surviving spouse or dependent of a member of the North Carolina Army National Guard or the North Carolina Air National Guard who died on State active duty either directly or indirectly as a result of that service?

☐ Yes ☐ No

23. Do you wish to declare eligibility for veterans' preference as the surviving spouse or dependent of a member of the North Carolina National Guard who died for service-related reasons during peacetime?

☐ Yes ☐ No

By signing below, 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: GS 126-30, GS 14-122.1). I also understand that it is my responsibility to update my contact information should there be any changes in my name, address, phone number, or e-mail address.

This application was submitted by:

Signature_____

Date _____

Equal Opportunity Information

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age, genetic information, or disability. Sex, age, or absence of disability is a bona fide occupational qualification in a small number of State jobs. The information requested below will not affect you as an applicant and is not forwarded to the hiring manager. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population. Answering the ethnicity question is optional. Birth date is required for correct input by our technicians of paper application content into our electronic application system, where birthdate is required in order to save the application.

This information will not be forwarded to the hiring manager

1. **What is your gender**

   □ Male □ Female

2. **What is your ethnicity?**

   - ☐ White (Non-Hispanic/Latino)
   - ☐ Black or African American (Non-Hispanic/Latino)
   - ☐ Asian
   - ☐ American Indian or Alaskan Native
   - ☐ Native Hawaiian or Other Pacific Islander
   - ☐ Two or More Races (Non-Hispanic/Latino)

3. **What is your date of birth? (xx/xx/xxxx)** _____

4. **What is your age range?**

   - ☐ Less than 20
   - ☐ 20-29
   - ☐ 30-39
   - ☐ 40-49
   - ☐ 50-59
   - ☐ 60-69
   - ☐ 70 or greater

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____ Date: _____

Employee ID: _____
(If applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunities to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- ☐ Yes, I Have a Disability, or have a History/Record of Having a Disability
- ☐ No, I Don't Have a Disability, or a History/Record of Having a Disability
- ☐ I Don't Wish to Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____

North Carolina State Government Application for Employment
Continuation Sheet --

STATE OF NORTH CAROLINA An Equal Opportunity/Affirmative Action Employer	Last 4 digits of Social Security No.	Last Name

WORK EXPERIENCE

DATES:	**EMPLOYER:**	**POSITION TITLE:**
ADDRESS: (Street, City, State/Province, Zip Code)		**COMPANY URL:**
PHONE NUMBER:	**SUPERVISOR:**	**MAY WE CONTACT THIS EMPLOYER?** ☐Yes ☐No
HOURS PER WEEK:	**# OF EMPLOYEES SUPERVISED:**	
DUTIES:		
REASON FOR LEAVING:		

DATES:	**EMPLOYER:**	**POSITION TITLE:**
ADDRESS: (Street, City, State/Province, Zip Code)		**COMPANY URL:**
PHONE NUMBER:	**SUPERVISOR:**	**MAY WE CONTACT THIS EMPLOYER?** ☐Yes ☐No
HOURS PER WEEK:	**# OF EMPLOYEES SUPERVISED:**	
DUTIES:		
REASON FOR LEAVING:		

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