

APPLICATION FOR EMPLOYMENT

AVERY COUNTY
NORTH CAROLINA

Date of Application _____

Please Print or Type Return To: 7 ci bmiA UbU Yfg CZJW, PO Box 640, Newland, NC, 28657

| | | | |
|----------------------------------|-----------|------------|-------------|
| Last 4 Digits of Social Security | 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 Avery County? _____ Are you related by blood or marriage to any person now working for Avery County? YES NO
 YES NO (If yes, give name, relationship to you and the agency where employed.)

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? YES NO

Give dates of your qualifying active military service:
 Entered: _____ Separated: _____ Branch: _____ Rank: _____

Are you a member of the Military Reserves: YES NO Branch: _____ Rank: _____

CHECK the types of work you will accept: 1. Permanent full-time 2. Permanent part-time 3. Temporary full-time
 4. Temporary part-time 5. Any of the preceding 6. Work involving travel 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.) _____

Jobs Applied For

Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.

1. _____ 2. _____ 3. _____

How did you learn about this positions? Personnel Office _____; Newspaper ad _____; job vacancy announcement _____;
 Employment Security Commission _____; Other _____.

Education

Highest grade completed: _____
 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) | | Graduate? | | S/Q Hrs. | Maj/Min Course Work | Type of Degree Received |
|--|-------------------|------------------------|-----|--------------------------|--------------------------|----------|---------------------|-------------------------|
| | | From: | To: | YES | NO | | | |
| High School | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| College(s) University(ies) | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| College(s) University(ies) | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Graduate or Professional | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Other educational, vocational schools, internships, etc. | | | | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Special training programs and seminars you have completed in the last five years (List):

If the jobs(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

Have been verified
 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:

- Driver's license _____
Number State Sign language _____ Legal transcription
 Chauffeur's license _____
Number State Foreign language (specify) _____ Medical transcription
 Car for use at work _____
Number State Adding machine/calculator Braille skills
 Typing (specify WPM) _____ Word Processing Skills
 Shorthand/speedwriting (specify WPM) _____ Other _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) YES NO (If yes, explain fully on an additional sheet.)

-- Work History (Include volunteer experience) Use Additional Sheets if Necessary

Current or Last 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

May We Contact Employer?
YES NO

Date Separated (mo/yr)

List major duties in order of their importance in the job:

Full Time

Years

Months

Part Time

Years

Months

If part time, hours per week:

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)

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Reason for Leaving

Date Separated (mo/yr)

List major duties in order of their importance in the job:

Full Time

Years

Months

Part Time

Years

Months

If part time, hours per week:

AVERY COUNTY

| | |
|------------------------|-----------|
| Social Security Number | 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 in order of their importance in the job: _____ | | | |
| Full Time | Years | Months | _____ | | |
| Part Time | Years | Months | _____ | | |
| If part time, hours per week: | | _____ | | | |

| | | | | | |
|-------------------------------|---------------------------|---|--------------------|-------------------|------------------------|
| 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 in order of their importance in the job: _____ | | | |
| Full Time | Years | Months | _____ | | |
| Part Time | Years | Months | _____ | | |
| If part time, hours per week: | | _____ | | | |

| | | | | | |
|-------------------------------|---------------------------|---|--------------------|-------------------|------------------------|
| 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 in order of their importance in the job: _____ | | | |
| Full Time | Years | Months | _____ | | |
| Part Time | Years | Months | _____ | | |
| If part time, hours per week: | | _____ | | | |

| | | | | | |
|-------------------------------|---------------------------|---|--------------------|-------------------|------------------------|
| 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 in order of their importance in the job: _____ | | | |
| Full Time | Years | Months | _____ | | |
| Part Time | Years | Months | _____ | | |
| If part time, hours 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

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

Name _____ Date _____

Position Applied For _____

Ethnic Group:

- White
- Black
- Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
- Asian or Pacific Islander
- American Indian

Sex: Male Female Date of Birth _____

Handicapped: Yes No Is Yes, please explain _____

THIS CARD MUST BE RETURNED WITH THE APPLICATION

CONSUMER REPORTS RELEASE

In connection with my application for employment (including contract for services) with Avery County, I understand that consumer reports or investigative consumer reports which may contain public record information, may be requested or made on me including consumer credit, criminal background search, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State, and Local agencies regarding my past activities.

I hereby authorize without reservation, any party or agency contacted by Avery County to furnish the above mentioned information.

I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

(Please **PRINT** the following information)

Name _____ Maiden _____

Street Address _____ City _____

ST _____ ZIP _____ Years at current residence _____ SSN _____

Previous address (if at current address less than 5 years) _____

City _____ St _____ ZIP _____

Years at Previous Address _____

Drivers License Number _____ State of Issuance _____

For Identification Purposes:

Date of Birth _____ Race _____ Gender _____

Other or Former Names _____

Professional License _____ State _____ Number _____

Signature _____ **Date** _____

Attention: If you will be submitting this form via an internet email provider, you will need to save this document and send it as an attachment to: dawn.carpenter@averycountync.gov