

APPLICATION FOR EMPLOYMENT

ALEXANDER COUNTY, NC

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR LOCAL GOVERNMENT EMPLOYMENT, YOU MUST COMPLETE ALL SECTIONS OF THIS APPLICATION.

ALEXANDER COUNTY EMPLOYS ONLY U.S. CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN THREE BUSINESS DAYS OF EMPLOYMENT. MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE.

WHEN COMPLETING THIS APPLICATION, GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY. "SEE RESUME" IS NOT ACCEPTABLE. CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

EQUAL OPPORTUNITY INFORMATION

Local 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 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.

<p style="text-align: center;">DATE OF BIRTH</p> <hr style="width: 80%; margin: 0 auto;"/> <p style="text-align: center;">(Month) (Day) (Year)</p> <p style="text-align: center;">GENDER</p> <p style="text-align: center;"> <input type="checkbox"/> Male <input type="checkbox"/> Female </p>	<p style="text-align: center;">ETHNIC GROUP</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> White (non-Hispanic) 2. <input type="checkbox"/> Black (non-Hispanic) 3. <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin) 4. <input type="checkbox"/> Asian (including Pacific Islander) 5. <input type="checkbox"/> American Indian (incl. Alaskan native)
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Check the types of work you will accept: Permanent full-time Permanent part-time Temporary full-time Temporary part-time

Position Applied For: _____

Please indicate your referral source: _____

MILITARY SERVICE If subject to Military Selective Service registration, certify compliance by initialing dotted line

Have you served honorably in the Armed Forces of the United States on active duty? YES NO

Do you wish to declare a service-connected disability? YES NO

At the time of application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? YES NO

Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran? YES NO

Give dates of your (or spouse's) qualifying active military service:

Entered: _____ Separated: _____ Branch: _____ Rank: _____

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

PERSONAL DATA

Last Name First Name Middle Name

Address (Street number and name) City County

State Zip Code Phone (where you can be reached) Business Phone

Availability Do you now work for Alexander County?

YES NO

Are you related by blood or marriage to any person now working for Alexander County? If yes, give the name, relationship and department.

Driver's License Number & State

Last 4 digits of Social Security Number

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

Schools	Name and Location	Dates Attended (mo/yr) From: To:	Graduate Yes/No	S/Q Hrs.	Major/Minor	Type of Degree Received
High School						
College(s) University(s)						
Graduate or Professional						
Other educational or vocational school						

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):

Please check the following skills, experiences, etc., you have:

- Sign Language Legal transcription Typing (specify WPM) _____
- Foreign language (specify) _____ Medical transcription Word Processing
- Braille Adding Machine/calculator Other _____

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 or Current Salary \$ per		Reason for Leaving	May We Contact Employer YES NO
Date Separated (mo/yr)			List major duties in order of importance in the job:			
Full Time	Years	Months				
Part Time	Years	Months				
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 importance in the job:			
Full Time	Years	Months				
Part Time	Years	Months				
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 importance in the job:			
Full Time	Years	Months				
Part Time	Years	Months				
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	
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Part Time	Years	Months				
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 importance in the job:			
Full Time	Years	Months				
Part Time	Years	Months				

I certify 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 false information, 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 dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant (unsigned applications will not be processed)

Date