

APPLICATION FOR EMPLOYMENT

Pender County, North Carolina

INSTRUCTIONS TO APPLICANTS

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

PENDER COUNTY 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 COUNTY 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 AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.

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 GOVERNMENT. PENDER 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

Pender County is an Equal Opportunity Employer. Pender County policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Qualified applicants are considered for employment and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or other status similarly protected by state, federal or local statute. 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.

To help Pender County comply with government record keeping and reporting requirements, please provide the information requested below. We appreciate your cooperation. Your decision to provide or not provide the information will not result in any adverse treatment. Submission of this information is strictly voluntary. Information obtained concerning individuals will be kept confidential and will only be used in accordance with federal regulations.

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. White (non-Hispanic or Latino)
2. Black (non-Hispanic or Latino)
3. Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4. Asian (non-Hispanic or Latino)
5. American Indian (including Alaskan native)
6. Native Hawaiian or Other Pacific Islander (non-Hispanic or Latino)
7. Two or More Races (non-Hispanic or Latino)

- 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

**PENDER COUNTY
NORTH CAROLINA**

Date of Application _____

Last 4 digits of Social Security No.	Last Name	First Name	Middle Name
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Address (Street number and name)	City	County
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State	Zip Code	Email Address	Phone (Home or where you can be reached)	Business Phone
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AVAILABILITY Do you now work for Pender County? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever worked for or applied for employment with Pender County before? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give month, year and position.	If subject to Military Selective Service registration, certify compliance by initialing dotted line
	Are you related by blood or marriage to any person now working for Pender County? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give name, relationship to you and the department where employed.	

MILITARY SERVICE

Have you served in the Armed Forces of the United States on active duty for reasons other than training? YES NO
 If yes, please provide Date Entered: _____ Date Separated: _____ Branch: _____ Rank _____

Do you have experience from your military service that would be relevant to the job for which you are applying? YES NO
 If yes, please describe.

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.) _____

POSITION APPLIED FOR

Enter below the specific title of the job for which you are applying.

Job Title: _____ Desired Pay Rate: _____

REFERRAL SOURCE

Please indicate your referral source: _____

If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____

EDUCATION

Schools	School Name and Location	Grad?	Year Granted	Major/Degree	GPA
High School		YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University(s)		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"/>			

CERTIFICATIONS

List any relevant trade, professional, or technical certifications or licenses you have received, giving dates and sources of issuance:

SKILLS & ACCOMPLISHMENTS

List any relevant extracurricular activities, scholarships, special skills, volunteer organizations and equipment with which you are proficient.

EMPLOYMENT HISTORY			
Current or Last Employer:		Address:	
Job Title:		Supervisor's Name and Title	Telephone Number
Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
No. Supervised by you:	Briefly describe your duties:		
Date Employed (mo/yr)			
Date Separated (mo/yr)			
Other Compensation:			
Employer:		Address:	
Job Title:		Supervisor's Name and Title	Telephone Number
Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
No. Supervised by you:	Briefly describe your duties:		
Date Employed (mo/yr)			
Date Separated (mo/yr)			
Other Compensation:			
Employer:		Address:	
Job Title:		Supervisor's Name and Title	Telephone Number
Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
No. Supervised by you:	Briefly describe your duties:		
Date Employed (mo/yr)			
Date Separated (mo/yr)			
Other Compensation:			
PROFESSIONAL REFERENCES			
List three individuals (not relatives) who know you professionally and who can attest to your character, ability, and experience.			
Name	Phone	Position	Years Known

Can you, with or without accommodation, perform the essential functions of the position for which you are applying? YES NO

Have you ever been discharged (does not include lay-off) or asked to resign by any previous employer? YES NO
 If yes, please explain and identify employer:

If hired, can you furnish proof that you are eligible to work in the U.S.? YES NO
 If no, please explain:

Have you ever held a security clearance? YES NO
 If yes, state level and granting agency:

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, please explain:

ALL APPLICANTS READ AND SIGN BELOW

I understand and agree that:

1. It is the policy of Pender County Government to provide equal opportunity in employment. Applicants are considered for all positions, and employees are treated during their employment without regard to their race, color, religion, sex, national origin, age, marital status, sexual orientation, military or veteran status, or any on-job related disability or medical condition.
2. Pender County Government is an "at will" employer which means that employment is for no fixed period of time and may be terminated by me or Pender County Government at any time with or without cause, and with or without advance notice.
3. Employment is contingent upon verification of past employment, education, references, and my ability to verify eligibility for employment in the United States.
4. I hereby authorize Pender County Government to request from each of my employers and other persons listed as references on this application my full employment records.
5. I understand that any false or misleading information given in this application or interview(s) may be reason for rejection of this application, job offer, or considered grounds for dismissal.
6. I understand that if I am offered employment that I am required to abide by all rules and regulations of Pender County.
7. It is the policy of Pender County Government to maintain a drug-free workplace. Depending upon location of prospective employment, offers of employment may be contingent upon satisfactory results of a drug screening test. Applicants who are subject to a drug screening test will be required to sign a Consent Form authorizing Pender County to have its designated clinic, hospital or laboratory perform the drug screening test. Applicants who refuse to sign the Consent Form or whose test results are positive will not be considered for employment.
8. Depending upon the location and/or position, you may be subject to a background investigation or required to obtain a security clearance. Employment is contingent upon successful completion of the background investigation or your ability to obtain and maintain a security clearance.

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