



APPLICATION FOR EMPLOYMENT VANCE COUNTY HUMAN RESOURCES DEPARTMENT

122 Young Street, Suite B, Henderson, NC 27536
(252) 738-2017 • Fax (252) 738-2039

INSTRUCTIONS

Please Read and Follow Carefully

1. Please complete **all** sections of this application in full. Incomplete applications will not be considered for employment. Use additional "continuation sheets" as necessary to show all previous employment and breaks in employment.
2. A separate application must be completed for each position for which you apply. Resumes are welcomed as a supplement, but may not be substituted for the employment application.
3. Applications are accepted Monday-Friday, 8:30 am-5:00 pm, except holidays, and must be **received in the Human Resources Department by 5:00 pm on the closing date** indicated for each position. Applications, resumes, transcripts, letters of reference and other information submitted will become the property of the County and cannot be returned.
4. Applications that are received unsigned or after the closing date will not be processed. Applicants who **DO NOT** meet the minimum requirements for the position will not be considered for employment.
5. Applicants will be required to furnish documentation certifying their identity and eligibility to work in the United States as a condition of employment.

*We thank you for your interest in employment with Vance County Government.
Our interest and efforts are to find the best qualified individuals to serve our citizens.
Although everyone who applies cannot be hired, your application will be given every consideration.
Applicants will be notified when the position for which they applied has been filled.*

PLEASE TYPE OR PRINT CLEARLY IN INK

				Date: _____
Position applying for _____				
Date available for work: _____ Part-time [] Full-Time []				
Full Name: _____				
Present Address: _____				
Street & No.		City	State	Zip Code
County of Residence: _____				
Home Phone No.: _____		Business Phone No.: _____		
Salary Desired: _____				
Emergency Contact Information: _____				

Vance County is an Equal Opportunity Employer

GENERAL INFORMATION

Are you, or have you ever been, employed by Vance County? Yes No

If yes, where? Please indicate department, dates and name used (if different): _____

Are you related by blood or marriage to any person now employed by Vance County? Yes No

If yes, who? Please indicate name, relationship and department: _____

Have you ever been employed by the State of North Carolina? Yes No

Check types of work you will accept:

- Permanent Full-time Permanent Part-time Work involving travel
 Temporary Full-time Temporary Part-time Shift Work

Have you ever been dismissed from work or forced to resign from any positions? Yes No

If yes, please explain: _____

Have you ever been convicted of an unlawful offense, other than a minor traffic violation? Yes No

If yes, please explain: _____

Note: A conviction record will not necessarily exclude you from employment. Factors such as age at the time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.

Do you have a valid North Carolina Driver's License? Yes No If yes, please provide license number, state of issuance and expiration date: _____

EDUCATION

	<i>High School</i>	<i>Vocational/Technical</i>	<i>College/University</i>	<i>Graduate/Professional</i>
School Name & Location				
Circle Years Completed	9 10 11 12 GED	1 2	1 2 3 4	1 2 3 4
Dates Attended (mo/yr)	 	From: To:	From: To:	From: To:
Graduate?	Yes No	Yes No If yes, when? (mo/yr)	Yes No If yes, when? (mo/yr)	Yes No If yes, when? (mo/yr)
Diploma/Degree				
Credit Hours for Semester/Quarter	 			
Course of Study				

EMPLOYMENT HISTORY

Using a separate section for each position, describe in detail all work experience beginning with your present or most recent job and continuing in reverse order. Include periods of unemployment, self-employment, military service, internships and volunteer/summer work. Do not leave gaps in the history. Use reverse side of form if necessary. Be sure to indicate whether employment was full-time or part-time; if part-time, state the average number of hours worked per week. Incomplete information will result in disqualification of your application.

If presently employed, may we contact your present employer? Yes No

Employer:		Type of Organization:	Address:	Phone No.:
Job Title:		Name and Title of Supervisor:		No. Supervised by You:
Date Employed: (mo/yr)	Starting Salary: \$ _____ per ____	Ending Salary: \$ _____ per ____	Reason for Leaving:	
Date Separated: (mo/yr)	Job Duties: (Be specific; list in order of importance)			
<input type="checkbox"/> Full-time # Years ____ # Months ____ <input type="checkbox"/> Part-time # Years ____ # Months ____ * If part-time, number of hours per week: _____				

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Job Title:		Name and Title of Supervisor:		No. Supervised by You:
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Job Title:			Name and Title of Supervisor:			No. Supervised by You:	
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Date Separated: (mo/yr)		Job Duties: (Be specific; list in order of importance)					
<input type="checkbox"/> Full-time # Years ____ # Months ____ <input type="checkbox"/> Part-time # Years ____ # Months ____ * If part-time, number of hours per week: _____							

TRAINING

List fields of work for which you have been registered, licensed or certified.

Registration: _____ State: _____ #: _____ Exp. Date: _____

Registration: _____ State: _____ #: _____ Exp. Date: _____

List internships, specific courses, workshops, training and/or memberships you may have had that relate to the position for which you are applying. Include credit hours or CEUs, if applicable: _____

SPECIAL SKILLS & QUALIFICATIONS

Indicate skills and abilities in the following areas which relate to the position for which you are applying. Please check all that apply and that you would be able to use immediately upon employment.

- | | |
|--|--|
| <input type="checkbox"/> Commercial Driver's License | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Typing _____ w.p.m. | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Word Processing _____ (specify) | <input type="checkbox"/> Foreign Language _____ (specify) |
| <input type="checkbox"/> Spreadsheets _____ (specify) | <input type="checkbox"/> Computer Hardware _____ (specify) |
| <input type="checkbox"/> Computer Programming _____ (specify language) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Adding Machine/Calculator | |

Summarize special job related skills and qualifications acquired from employment or other experience.

REFERENCES

List three persons who are not related to you who have definite knowledge of your qualifications for the position for which you are applying, such as co-workers, teachers, etc. DO NOT repeat the names of supervisors previously listed.

Name	Years Known	Organization	Home/Business Address & Phone No.
1. _____			
2. _____			
3. _____			

CERTIFICATION

I certify that, to the best of my knowledge and belief, the statements given truly represent my background and experience. I understand that if I have knowingly misrepresented, omitted or falsified any of the application information, I will be disqualified for employment consideration or dismissed from employment with Vance County. Prior to employment, I understand the County will require verification of education, licenses and/or certifications required for the position for which I have applied. In addition, I hereby authorize my current and former employers (including the U.S. Government and/or the U.S. Military), personal references, registration and licensing boards, and educational institutions listed on my application for employment, to provide Vance County Government with any job-related information requested. I also permit the County to conduct a police and court records investigation of my background if relevant to the job for which I am applying. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Finally, I attest under penalty of perjury, that I am authorized to work in the United States.

Applicant's Signature: _____ Date: _____

(Unsigned applications will not be processed)

CONFIDENTIAL APPLICANT LOG

Vance County is an equal opportunity employer. As part of the County's Equal Opportunity Program, the federal government requires us to compile summary data about applicants. This Confidential Applicant Data Sheet is intended to help collect this information. All responses are completely voluntary and will be used for statistical analysis only. This sheet will be removed by Human Resources and will not remain with your application. Refusal to respond will not result in adverse treatment of any applicant.

Name:	Date of Birth:	SSN #:
Position Applied For:		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

Referral Source: (Please mark box and name particular source, if applicable)

- | | | |
|--|---|--|
| <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> Employment Security Commission | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Personal Referral _____ | <input type="checkbox"/> Printed Media _____ |

ETHNIC BACKGROUND

- White** (non Hispanic origin)
- Black/African American** (non Hispanic origin)
- American Indian or Alaskan Native**
- Hispanic** (Mexican, Puerto Rican, Cuban, Central/South American, Latino, regardless of race)
- Asian or Pacific Islander** Origins in the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands
- Other or Multi-Ethnic/Racial**

CITIZENSHIP

- Resident Foreign National** (an alien who has been admitted for permanent residence - must have Alien Registration Receipt Card, form I-551)
- Non-Resident Foreign National** (an alien admitted temporarily for specific purposes and periods of time)
- United States Citizen**

VETERAN

- Vietnam Era Veteran** - "a person (1a) who served on active duty between 8/5/64 and 5/7/75 for a period of more than 180 days, and any part of which occurred during the Vietnam era, and was discharged or released therefrom with other than a dishonorable discharge, or (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the Vietnam era, and (2) who was so discharged or released within 48 months preceding his application for employment covered under the Act."
- Disabled Veteran** - "a person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30 percent or more, or rated at 10 to 20 percent in the case of a veteran who has been determined to have a serious employment handicap (section 1506 of Title 38) or a person who was discharged from active duty because of a service-connected disability."
- Disabled Vietnam Era Veteran** - both of the above.

DISABILITY

Note: Reporting any disability is voluntary

Any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.

- None/Prefer not to report**
- Blind or severely visually impaired**
- Deaf or severely hearing impaired**
- Loss or limited use of arms and/or hands**
- Non-ambulatory** (must use wheelchair)
- Semi-ambulatory** (limited mobility, but wheelchair not needed)
- Respiratory impairment**
- Nervous System/neurological disorder**
- Mental illness/emotional disturbance**
- Learning disability**
- Other** _____

MILITARY HISTORY/INFORMATION

- I certify that I am registered with Selective Service.
- I certify that I am not required to be registered with Selective Service because I am female.
- I am in the armed service on active duty.
Dates Entered: _____ Discharge Date: _____ Type of Discharge: _____
Any current reserves or military obligation? _____
- I have not reached my 18th birthday. Can you provide required proof of your eligibility to work? Yes No
- I am a citizen of the Federated States of Micronesia, or the Marshall Islands or a permanent resident of the Trust Territory of the Pacific Islands (Palau).