

APPLICATION FOR EMPLOYMENT

Pasquotank County

INSTRUCTIONS TO APPLICANTS

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

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). YOU MAY ATTACH RESUME.

LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.

CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN COUNTY GOVERNMENT. PASQUOTANK 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

County Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability 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 will be to see how well our recruitment efforts are reaching all segments of the population.

Date of Birth

(Month) (Day) (Year)

Gender

Male Female

ETHNIC GROUP

1. White (non-Hispanic)
2. Black (non-Hispanic)
3. Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4. Asian (including Pacific Islander)
5. American Indian (including Alaskan native)

A (Handicapped/Disability) None/Prefer not to report

B Handicapped/Disability Explain: _____

APPLICATION FOR EMPLOYMENT

PASQUOTANK COUNTY
NORTH CAROLINA

Date of Application _____

Please Print or Type Return To: Personnel Dept., P.O. Box 529, Elizabeth City, NC 27907

Social Security Number	Last Name	First Name	Middle Name
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Address (Street number and name)	City	County
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State	Zip Code	Phone (Home or where you can be reached) () ()	Business Phone () ()
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Availability

Do you now work for Pasquotank County? YES NO

Are you related by blood or marriage to any person now working for Pasquotank County? 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.) _____

Job Applied For

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

How did you learn about this position? Personnel Office _____; Newspaper Ad _____; Job Vacancy Announcement _____;
Employment Security Commission _____; Pasquotank Website _____; Other _____.

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 3 4

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

- | | | | |
|--|--------------|--|------------------------|
| <input type="checkbox"/> Driver's license | _____ | Sign language _____ | Legal transcription |
| | Number State | Foreign language (specify) _____ | Medical transcription |
| <input type="checkbox"/> Chauffeur's license | _____ | Adding machine/calculator | Braille skills |
| | Number State | Typing (specify WPM) _____ | Word Processing Skills |
| <input type="checkbox"/> Car for use at work | | 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.) We will conduct a background check of your qualifications, character, record of employment, driving record, and criminal record.

Current or Last Employer:	Address:
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Job Title	Supervisor's name:	Telephone Number:	No. Supervised by you:
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Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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:
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Job Title	Supervisor's name:	Telephone Number:	No. Supervised by you:
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Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving
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If part time, hours per week: _____				

Employer:	Address:
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Job Title	Supervisor's name:	Telephone Number:	No. Supervised by you:
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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 _____

PASQUOTANK COUNTY

Social Security Number	Last Name
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An Equal Opportunity/Affirmative Action Employer

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: _____			
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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		
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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		
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Date