

NOTICE:

1. **TO BE CONSIDERED FOR STATE EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM. **ALL INCOMPLETE APPLICATIONS WILL BE RETURNED.****
2. THE STATE EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT.
3. MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR STATE EMPLOYMENT (G.S. 143B-421.1). SEE AVAILABILITY BLOCK.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:

1. USE A BLACK INK PEN OR TYPEWRITER.
2. COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
3. GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
4. LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
5. CHECK FOR ACCURACY. SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN STATE GOVERNMENT. NORTH CAROLINA 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.

APPLICATION FOR EMPLOYMENT						STATE OF NORTH CAROLINA	Date of Application
Please print or Type (SSN Voluntary, for Record-Keeping and Data Processing Only)							
Social Security Number		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 the State of N.C.?				Are you related by blood or marriage to any person now working for the State?			
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> 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?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you wish to declare a service-connected disability?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Give dates of your (or spouse's) qualifying active military service:							
Entered: _____		Separated: _____		Branch: _____		Rank: _____	
Are you a member of the Military Reserves?				<input type="checkbox"/> YES <input type="checkbox"/> NO			
Branch: _____				Rank: _____			
AGENCY USE ONLY ELIGIBILITY FOR VETERAN'S PREFERENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO							
WORK PREFERENCE							
CHECK the types of work you will accept: <input type="checkbox"/> 1. Permanent full time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time							
<input type="checkbox"/> 4. Temporary part-time <input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work Involving Travel <input type="checkbox"/> 7. Shift or Split Shift							
If you are not available for work now, enter the earliest date you could begin work (mo./day/yr.) _____							
Will you accept work anywhere in N.C.? <input type="checkbox"/> YES <input type="checkbox"/> NO (If no, list below the counties in which you would be willing to work.)							
1. _____		2. _____		3. _____		4. _____	
5. _____		6. _____		7. _____		8. _____	
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. _____		4. _____	
Referral Source							
Please indicate your referral source: _____ If you were referred by the							
Employment Security Commission (Job Service) please indicate which local office: _____							
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:	Grad?	S/Q Hrs.	Maj/Min Course Work	Type of Degree Received	
High School			YES				
			NO				
College(s) University (s)			YES				
			NO				
Graduate or Professional			YES				
			NO				
Other educational, vocational school, internships, etc.			YES				
			NO				

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):

DO NOT COMPLETE THIS BLOCK
DEGREES AND PROFESSIONAL CREDENTIALS

Have been verified
 Will be verified within 90 days (G.S. 126-30)
Person responsible _____

Equal Opportunity Information

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex or age is a bona fide occupational qualification in a small number of State 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

(mo) (day) (year)
SEX M F
(male) (female)
Check One

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.

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)

The reporting of a **disability is strictly VOLUNTARY**. Persons with disability 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.

- A None/Prefer not to report
- B Blind or severely visually impaired
- C Deaf or severely hearing impaired
- D Loss or 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) _____

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	Number _____ State _____	<input type="checkbox"/> Sign language	<input type="checkbox"/> Legal transcription
<input type="checkbox"/> Chauffeur's License	Number _____ State _____	<input type="checkbox"/> Foreign language (specify) _____	<input type="checkbox"/> Medical transcription
<input type="checkbox"/> Car for use at work		<input type="checkbox"/> Adding machine/calculator	<input type="checkbox"/> Braille
		<input type="checkbox"/> Typing (specify WPM) _____	<input type="checkbox"/> Word Processing
		<input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____	<input type="checkbox"/> 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 or Current Salary \$ per	Reason for Leaving:		May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
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, number of hours worked per week:						
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 <input type="checkbox"/> NO <input type="checkbox"/>
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, number of hours worked per week:						
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 <input type="checkbox"/> NO <input type="checkbox"/>
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, number of hours worked per week:						
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 <input type="checkbox"/> NO <input type="checkbox"/>
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, number of hours worked per week:						
<p>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.)</p>						
Signature of Applicant (unsigned applications will not be processed)					Date	