

APPLICATION FOR EMPLOYMENT

Pasquotank County

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 (optional)
- Apply for ONE vacancy per application.
- Give complete information on your education and work history ("see resume" is not acceptable). You may attach a 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.

**Please return to
Pasquotank County Personnel
206 E Main St
Elizabeth City, NC 27909**

Equal Opportunity Information (optional)

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: _____ mm/dd/yyyy ___ Male ___ Female

Handicap/Disability

___ None/Prefer not to report

___ Handicapped/Disabled: _____

Ethnic Group

___ White (non-Hispanic)

___ Black (non-Hispanic)

___ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)

___ Asian (including Pacific Islander)

___ American Indian (including Alaskan native)

Name: _____

APPLICATION FOR EMPLOYMENT

Pasquotank County
North Carolina

Date: _____

Last Name	First Name	Middle Name	Social Security # Last 4 Digits
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Address (Street Number and Name)	City	State	Zip
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County	Phone where you can be reached
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Availability Do you currently 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 agency where employed:
 Name: _____ Relationship: _____ Agency: _____

Military Service
 If you are subject to the Military Selective Service Registration, certify compliance by initially: _____
 Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? Yes No
 Give the dates of your qualifying active military service:
 Entered: _____ Separated: _____ Branch: _____ Rank: _____
 Are you a member of the Military Reserves? Yes No Branch: _____ Rank: _____

Job Applying for
 Enter the specific title of the job for which you are applying: _____
 How did you find out about this job: Personnel office Newspaper Ad Job Vacancy Announcement
 Employment Security Commission Pasquotank Website Other

Education
 Circle highest grade completed: **High School** 9 10 11 12 GED **College** 1 2 3 4 **Graduate School** 1 2 3 4

Name and Location	Dates Attended (mm/yy) to (mm/yy)	Graduated?	S/Q Hours	Major/Minor	Type of Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College(s)/ University(ies)		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College(s)/ University(ies)		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate School or Professional		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other educational, vocational schools, internships, etc		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Special training programs or 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: _____ #: _____
 Registration: _____ State: _____ #: _____

Membership in professional, honorary, or technical societies (List)	DO NOT COMPLETE THIS BLOCK Degrees and Professional Credentials <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (G.S. 126-30) Person Responsible _____
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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: # _____ State: _____	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Legal transcription
<input type="checkbox"/> Chauffeur's license: # _____ State: _____	<input type="checkbox"/> Foreign language: _____	<input type="checkbox"/> Medical transcription
<input type="checkbox"/> Car for use at work	<input type="checkbox"/> Adding machine/Calculator	<input type="checkbox"/> Braille skills
	<input type="checkbox"/> Typing: WPM _____	<input type="checkbox"/> Word Processing
	<input type="checkbox"/> Shorthand/speedwriting: 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	Phone #	# Supervised by you
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Date Employed (mm/yy)	Date Separated (mm/yy)	Starting Salary	Ending Salary
		\$ _____ per	\$ _____ per

Reason for leaving	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Full Time _____ Yrs _____ Months	Part Time _____ Yrs _____ Months	If part time, hrs per week: _____
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List major duties in order of their importance in the job:

Pasquotank County

An Equal Opportunity/Affirmative Action Employer

Social Security # Last 4 digits

Last Name

Current or Last Employer:	Address:
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Job Title	Supervisor's Name	Phone #	# Supervised by you
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Date Employed (mm/yy)	Date Separated (mm/yy)	Starting Salary	Ending Salary
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Reason for leaving	May we contact this employer? ____ Yes ____ No
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Full Time ____ Yrs ____ Months	Part Time ____ Yrs ____ Months	If part time, hrs per week: _____
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List major duties in order of their importance in the job:

Current or Last Employer:	Address:
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Job Title	Supervisor's Name	Phone #	# Supervised by you
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Reason for leaving	May we contact this employer? ____ Yes ____ No
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Full Time ____ Yrs ____ Months	Part Time ____ Yrs ____ Months	If part time, hrs per week: _____
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List major duties in order of their importance in the job:

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