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| **APPLICATION FOR EMPLOYMENT** | | | | | |  | **STATE OF NORTH CAROLINA** | | | | Date of Application | |
| Last 4 digits of Social Security No. | | Last Name | | | | | First Name | | | | Middle Name | |
| Address (Street number and name) | | | | | | City | | | | | County | |
| State | | | Zip Code | | Phone and e-mail where you can be reached | | | | Business Phone | | | |
| **Availability**  Do you now work for the State of NC?  YES NO | **Are you a layoff candidate with the State of N.C. eligible for RIF priority reemployment consideration as described by GS 126: YES NO Notification Date:** Are you related by blood or marriage to any person now working for the State 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 Do you wish to declare a service-connected disability? YES NO  At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? YES NO Do you wish to declare eligibility for veteran’s preference as the spouse of a disabled veteran? YES NO  Give dates of your (or spouse’s) qualifying active military service:  Entered: Separated: Branch: Rank | | | | | | | | | | | | |
| **AGENCY USE ONLY:** ELIGIBILITY FOR VETERAN’S PREFERENCE: YES NO | | | | | | | | | | | | |
| 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.) Will you accept work anywhere in N.C.? YES NO (If no, list below the counties in which you would be willing to work.)  1. 2. 3. 4. 5. | | | | | | | | | | | | |
| **Job Applied For**  Enter below the specific title and vacancy number of the job for which you are applying.  Job Title: Vacancy Number: | | | | | | | | | | | | |
| **Referral Source**  Please indicate your referral source: If you were referred by NC Workforce Solutions 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. | Major/Minor 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. | | | | | | | | | | | | |
|  | | | | | | **DO NOT COMPLETE THIS BLOCK** | | | | | | |
| DEGREES AND PROFESSIONAL CREDENTIALS  Have been verified  Will be verified within 90 days (G.S. 126-30) Person Responsible: | | | | | | |

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| **Other Licenses and certifications, including Driver License and State, if any (List, giving dates and sources of issuance):** | | | | |
| 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. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying. | | | | |
| Current or Last Employer: | | Address: | | |
| Job Title: | | Supervisor’s Name | Telephone Number: | No. Supervised by you: |
| Date Employed (mo./yr.) | Supervisor's e-mail: | | Reason for Leaving | May We Contact Employer YES NO |
| Date Separated (mo./yr.) | List major duties that demonstrate your competencies related to the position for which you are applying 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.) | Supervisor's e-mail | | Reason for Leaving | May We Contact Employer  YES NO |
| Date Separated (mo./yr.) | List major duties that demonstrate your competencies related to the position for which you are applying 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.) | Supervisor's e-mail | | Reason for Leaving | May We Contact Employer  YES NO |
| Date Separated (mo./yr.) | List major duties that demonstrate your competencies related to the position for which you are applying 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: |
| 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 |