

STANLY COUNTY APPLICATION FOR EMPLOYMENT

(SSN Voluntary, for Record Keeping and Data Processing Only)

Last 4 digits Social Security number	Last Name	First Name	Middle Name
Address (Street number and name)		City	County
State	Zip Code	Home Phone	Business Phone

Availability

Do you now work for the County of Stanly? YES NO

If not a U.S. citizen, are you eligible to work in the U.S.? YES NO

Are you related by blood or marriage to any person now working for the county? YES NO
 (If yes, give name, relationship to you and the agency where employed.)

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. 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 the specific title of the job for which you are applying. _____

Referral Source

Please indicate your referral source. _____

Education

Please enter the highest grade completed
 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	Graduate	S/Q Hrs.	Maj/Min Wrk	Degree
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO			
College(s) University (ies)			<input type="checkbox"/> YES <input type="checkbox"/> NO			
Graduate or Professional			<input type="checkbox"/> YES <input type="checkbox"/> NO			
Other educational, Vocational school etc.			<input type="checkbox"/> YES <input type="checkbox"/> NO			

The principal purpose of this information is to establish or verify your registration with the selective service system. Please answer the following question if you are a male applicant age 18 to 25.
 Have you registered with the selective service system? YES NO
 Your failure to accurately answer this question will void your application for employment with Stanly County Government.

Special training programs and seminars you have completed in the last five years (List): _____

Membership in professional, honorary, or technical societies (List): _____

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"/> Chauffeur's license Number State <input type="checkbox"/> Car for use at work	<input type="checkbox"/> Sign language <input type="checkbox"/> Foreign language (specify) <input type="checkbox"/> Adding machine/calculator <input type="checkbox"/> Typing (specify WPM) <input type="checkbox"/> Shorthand (specify WPM) <input type="checkbox"/> Speedwriting (specify WPM)	<input type="checkbox"/> Legal transcription <input type="checkbox"/> Medical transcription <input type="checkbox"/> Spreadsheets <input type="checkbox"/> Word processing <input type="checkbox"/> Other Computer <input type="checkbox"/> Other
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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.)

Work History (include volunteer experience)						
Current or Last Employer:				Address and Phone Number:		
Job Title:				Supervisors Name:		No. Supervised by you:
Date Employed (mo/yr)			Starting Salary \$ per	Ending Salary \$ per	May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full time	Years	Months	Reason for leaving:			
Part time	Years	Months	Duties:			
If Part time, number of hours worked per week:						
Employer:				Address and Phone Number:		
Job Title:				Supervisors Name:		No. Supervised by you:
Date Employed (mo/yr)			Starting Salary \$ per	Ending Salary \$ per	May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full time	Years	Months	Reason for leaving:			
Part time	Years	Months	Duties:			
If Part time, number of hours worked per week:						
Employer:				Address and Phone Number:		
Job Title:				Supervisors Name:		No. Supervised by you:
Date Employed (mo/yr)			Starting Salary \$ per	Ending Salary \$ per	May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full time	Years	Months	Reason for leaving:			
Part time	Years	Months	Duties:			
If Part time, number of hours worked per week:						
Employer:				Address and Phone Number:		
Job Title:				Supervisors Name:		No. Supervised by you:
Date Employed (mo/yr)			Starting Salary \$ per	Ending Salary \$ per	May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full time	Years	Months	Reason for leaving:			
Part time	Years	Months	Duties:			
If Part time, number of hours worked per week:						
Employer:				Address and Phone Number:		
Job Title:				Supervisors Name:		No. Supervised by you:
Date Employed (mo/yr)			Starting Salary \$ per	Ending Salary \$ per	May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full time	Years	Months	Reason for leaving:			
Part time	Years	Months	Duties:			
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 may be grounds for rejection of my application and (or) dismissal if I am employed. I understand that employment with public service departments will be contingent upon passing a pre-employment drug test.

Signature of Applicant
(unsigned applications will not be processed)

Date

Personal References	
Name:	Phone Number:
Relationship:	Address:
Name:	Phone Number:
Relationship:	Address:
Name:	Phone Number:
Relationship:	Address:

Equal Opportunity Information		
<p>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.</p>		
<p>Date of Birth</p> <p>mo day year</p>	<p>SEX</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	<p>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 impairment; or (3) being regarded as having such an impairment "(Americans with Disabilities Act of 1990). Persons without a disability should check item A.</p> <p>The reporting of a disability is strictly VOLUNTARY. Persons with disabilities who DO NOT WISH to report their disability 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.</p>
<p>ETHNIC GROUP</p> <p>1. <input type="checkbox"/> White (non-Hispanic)</p> <p>2. <input type="checkbox"/> Black (non-Hispanic)</p> <p>3. <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin regardless of race)</p> <p>4. <input type="checkbox"/> Asian (including Pacific Islander)</p> <p>5. <input type="checkbox"/> American Indian (including Alaskan native)</p>		
		<p>A <input type="checkbox"/> None/Prefer not to report</p> <p>B <input type="checkbox"/> Blind or severely visually impaired</p> <p>C <input type="checkbox"/> Deaf or severely hearing impaired</p> <p>D <input type="checkbox"/> Loss or limited use of arms and/or hands</p> <p>E <input type="checkbox"/> Non-ambulatory (must use wheelchair)</p> <p>F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p>
		<p>G <input type="checkbox"/> Respiratory impairment</p> <p>H <input type="checkbox"/> Nervous system /Neurological disorder</p> <p>I <input type="checkbox"/> Mentally restored</p> <p>J <input type="checkbox"/> Learning disability</p> <p>L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment)</p> <p>M <input type="checkbox"/> Other (Please specify)</p>