

APPLICATION FOR EMPLOYMENT

State of North Carolina

INSTRUCTIONS:

To be considered for employment, you must answer all questions (unless listed as optional) and complete all sections of this application form. Please submit the application to: dssjobs@currituckcountync.gov

The State of North Carolina employs only US citizens or foreign nationals who can provide proof of identity and work authorization within 3 working days of employment. 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 make sure you:

- **Complete the equal opportunity information section.**
- **Apply for one vacancy per application.**
- **If you are a RIF applicant with priority- please check the appropriate box.**
- **Give complete information on your education and work history (“see resume” is not acceptable).**
- **List separately each job held and your duties for each position when you worked for one employer and held more than one position. Use a continuation sheet, PD 107-A, if needed.**
- **As you describe your work history, make sure you highlight your competencies (knowledge, skills, abilities and work behaviors) which demonstrate your qualifications for the position for which you are applying.**
- **Provide only the last four digits of your social security number.**
- **Check for accuracy, sign and date your application.**

Thank you for your interest in employment. North Carolina hires the most qualified people available to serve its citizens. Although everyone who applies cannot be hired, each application will be given consideration based on its competitiveness compared to other applications received. PD 107 (REV Feb 2020)

Equal Opportunity Information

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age, genetic information or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of State jobs. The information requested below will not affect you as an applicant and is not forwarded to the hiring manager. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population. Answering the ethnicity question is optional. Birth month and day is required for correct input by our technicians of paper application content into our electronic application system.

Ethnicity:

1. White (Non-Hispanic/Latino)
2. Black or African American (Non-Hispanic/Latino)
3. Asian
4. American Indian or Alaskan Native
5. Native Hawaiian or Other Pacific Islander
6. Two or More Races (Non-Hispanic/Latino)
7. Hispanic/Latino

Birth Month and Day (required):

Month _____ Day ____

Gender (required):

- Male
 Female

<h1 style="margin: 0;">APPLICATION FOR EMPLOYMENT</h1>			Local Government	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 number where you can be reached	Email Address			
Availability Do you now work for the State of NC? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a layoff candidate with the State of N.C. eligible for RIF priority reemployment consideration as described by GS 126? <input type="checkbox"/> YES <input type="checkbox"/> NO Notification Date: _____ Are you related by blood or marriage to any person now working for the State? <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 veteran's 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 _____						
AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO						
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 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.? <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. _____						
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 <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, 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 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 <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (G.S. 126-30) Person Responsible: _____			

Other Licenses and certifications, including Driver License and State, if any (List, giving dates and sources of issuance):

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:
Date Employed (mo./yr.)		Supervisor's e-mail:	Reason for Leaving
Date Separated (mo./yr.)		May We Contact Employer <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Time Years Months		List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:	
Part Time Years Months			
If part time, number of hours worked per week:			

Employer:		Address:	
Job Title:		Supervisor's Name	Telephone Number
Date Employed (mo./yr.)		Supervisor's e-mail	Reason for Leaving
Date Separated (mo./yr.)		May We Contact Employer <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Time Years Months		List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:	
Part Time Years Months			
If part time, number of hours worked per week:			

Employer:		Address:	
Job Title:		Supervisor's Name	Telephone Number
Date Employed (mo./yr.)		Supervisor's e-mail	Reason for Leaving
Date Separated (mo./yr.)		May We Contact Employer <input type="checkbox"/> YES <input type="checkbox"/> NO	
Full Time Years Months		List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:	
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

Please use this form only if extra space is needed for the application.

North Carolina State Government Application for Employment
Continuation Sheet

STATE OF NORTH CAROLINA <small>In Equal Opportunity Affirmative Action Employer</small>	Last digits of Social Security No.	Last Name
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WORK EXPERIENCE

DATES:	EMPLOYER:	POSITION TITLE:
ADDRESS: Street City State Province Zip Code		COMPANY URL:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	# OF EMPLOYEES SUPERVISED:	
DUTIES:		

REASON FOR LEAVING:

DATES:	EMPLOYER:	POSITION TITLE:
ADDRESS: Street City State Province Zip Code		COMPANY URL:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	# OF EMPLOYEES SUPERVISED:	
DUTIES:		

REASON FOR LEAVING:

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
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