



APPLICATION FOR EMPLOYMENT

Please print or type application.				Date of Application	
Application must be completed in full.			Applicant may attach a resume, if desired.		
Last Four Digits of Social Security Number XXX-XX-	Last Name		First Name		Middle Name
Address (Street number and name)			City		State
Phone (where you can be reached) ()	Alternate Phone ()		E-mail Address		

Availability
 Do you now work for Henderson County Local Government? Yes No Department & Position _____
 Are you related by blood or marriage to any person now working for Henderson County Local Government? Yes No
 (If yes, give name, relationship to you and the Department where employed)
 If hired, can you provide written evidence that you are authorized to work in the U.S.? Yes No
 Federal law requires males age 18 through 25 to register with the Federal government to comply with the Military Selective Service Act. North Carolina GS 143B-421.1 prohibits local governments from employing any males who have not complied with the federal Selective Service Registration regulations. If this requirement pertains to you, have you complied with the Federal law? Yes No
 Do not enter a response if the regulations do not apply.
 CHECK the types of work you will accept: Full-time Part-time Temporary Days Nights
 Earliest date you can begin work (mo./day/yr.) _____

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. This section must be completed to evaluate your application.

1. _____ 2. _____ 3. _____

Military Service
 Give date of entry into military service: _____ Separation date: _____ Rank: _____ Grade: _____
 Type of Unit: _____ Duties: _____

Referral Source
 How were you referred to the County? Newspaper Ad ESC/Job Service School Other

Education
 Check box of highest grade completed: 1- 5 6-8 9-12 GED College Graduate School

Schools	Name and Location	Grad?		Maj/Min Course Work and Type of Degree
High School		Yes	<input type="checkbox"/>	
		No	<input type="checkbox"/>	
College University		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): _____

List licenses, certifications, special courses, professional status, and membership in professional, honorary or technical societies:

Skills
 CHECK the following skills, experience, etc. which you have:

Driver's license (State/Number) Class: Typing (specify WPM)
 Foreign language (specify) Sign language/Braille skills
 Computer Skills Microsoft: Word Excel Powerpoint Publisher Access
 Other (specify software and skills):
 Other relevant skills:

Work History (include volunteer experience. Use Additional Sheets if necessary)

Current or Last Employer:		Address:	
Job Title:		Supervisor Name:	Telephone Number:
Date Employed (mo./yr)	Ending Salary \$ _____ per	Reason for leaving	
Date Separated mo./yr.)	Duties:		
Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>		
If part time, number of hours worked per week:			
Employer:		Address:	
Job Title:		Supervisor Name:	Telephone Number:
Date Employed (mo./yr)	Ending Salary \$ _____ per	Reason for leaving	
Date Separated mo./yr.)	Duties:		
Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>		
If part time, number of hours worked per week:			
Employer:		Address:	
Job Title:		Supervisor Name:	Telephone Number:
Date Employed (mo./yr)	Ending Salary \$ _____ per	Reason for leaving	
Date Separated mo./yr.)	Duties:		
Full time <input type="checkbox"/>	Part Time <input type="checkbox"/>		
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. 14-122.1)			
Signature of Applicant			Date