APPLICATION FOR EMPLOYMENT
State of North Carolina

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR STATE EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

THE STATE EMPLOYS ONLY US CITIZENS OR ALIENS 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, PLEASE MAKE SURE YOU

- COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
- 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.
- 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 STATE GOVERNMENT. NORTH CAROLINA 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.

PD 107 (REV 09/08/2011)

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 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

_____
(Month) (Day) (Year)

Gender

☐ Male ☐ Female

ETHNIC GROUP

1. ☐ White (non-Hispanic)
2. ☐ Black (non-Hispanic)
3. ☐ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4. ☐ Asian (including Pacific Islander)
5. ☐ American Indian (including Alaskan native)

Revised 09/08/2011

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 (Home or 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 veterans 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 the Employment Security Commission (Job Service) 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 ☐	Yes		
Graduate or Professional			YES ☐ NO ☐	No		
Other educational, vocational school, internships, etc.			YES ☐ NO ☐	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. _____

Membership in professional, honorary, or technical societies (list):

DO NOT COMPLETE THIS BLOCK
DEGREES AND PROFESSIONAL CREDENTIALS
☐ Have been verified
☐ Will be verified within 90 days (G.S. 126-30)
Person Responsible:

Licenses and certifications (List, giving dates and sources of issuance):

SKILLS

CHECK the following skills, experiences, etc., which you have:

- ☐ Driver's License _____ Number _____ State
- ☐ Chauffeur's License _____ Number _____ State
- ☐ Car for use at work
- ☐ Sign Language
- ☐ Foreign language (specify) _____
- ☐ Adding Machine/calculator
- ☐ Typing (specify WPM) _____
- ☐ Shorthand/speedwriting (specify WPM) _____
- ☐ Legal transcription
- ☐ Medical transcription
- ☐ Braille
- ☐ Word Processing
- ☐ 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.)

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)	Starting Salary $ per HR	Ending or Current Salary $ per HR	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)	Starting Salary $ per HR	Ending or Current Salary $ per HR	Reason for Leaving
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)	Starting Salary $ per HR	Ending or Current Salary $ per HR	Reason for Leaving
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 _____

RESET FORM