

APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For _____

Date of Application _____

How Did You Learn About Us?

- Advertisement
 Relative
 Inquiry
 Friend
 Employment Agency
 Other _____

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

()

()

- -

Telephone Number (s)

Business Phone

Date of Birth *(optional)*

Last 4 Digits of Social Security Number

Best time to contact you at home :_____ AM/PM

If you are under 18 years of age do you have proof of your Eligibility to work? Yes No

Have you ever filed an application with Montgomery County? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Do any of your relatives work for Montgomery County? (If so, who? _____) Yes No

Are you currently employed? Yes No

May we contact your current employer? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoons Evenings)
 Temporary (please indicate dates available ___/___/___ - ___/___/___)

Current Professional Status (List Fields of work for which you have been registered)

Registration _____ State _____ No _____

Registration _____ State _____ No _____

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

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 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) qualify active military service. Entered _____ Separated _____ Branch _____ Rank _____
Are you a member of the Military Reserves? Yes No Branch _____ Rank _____

Agency Use Only: Eligibility for Veteran's Preference Yes No

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employee decision.

As the final step in the hiring process, I authorize Montgomery County to do a confidential criminal background check. I further agree that if my position requires travel as an element of the job, I will be prepared to meet those demands. I understand that to satisfy the I-9 Form, I must present a valid Social Security Card and N.C. Driver's License and I give permission to the Personnel Department to copy these cards.

This application for employment shall be considered active for a period not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that any information given in my application or interview(s) may result in employment and further understand that I am required to abide by all rules and regulations set forth in Montgomery County personnel manual and policies.

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

Date

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills (Check Skills/Equipment Operated):

___ Terminal ___ Spreadsheet (Excel) ___ Word Processing ___ PowerPoint
___ Typewriter ___ Shorthand ___ Floor Buffer ___ Floor Scrubber
___ Strip Buffer ___ Backhoe Operator ___ Plumbing ___ Electrical
___ Notary Public ___ Driver's License Number _____ State _____ Class _____ CDL _____

Can speak other language(s) Yes ___ No ___ (please specify) _____

Describe any specialized training or licenses you have obtained.

Describe any job-related training received in the United States Military.

List professional, trade, business or civic activities and offices held.

(You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status).

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor & Title		Nature of the work and responsibilities	
<input type="checkbox"/> Full Time - Hours per week _____ <input type="checkbox"/> Part Time - Hours per week _____			
Reason for Leaving		Hourly Rate/Salary	
From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor & Title		Nature of the work and responsibilities	
<input type="checkbox"/> Full Time - Hours per week _____ <input type="checkbox"/> Part Time - Hours per week _____			

Reason for Leaving		Hourly Rate/Salary	
From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor & Title		Nature of the work and responsibilities	
<input type="checkbox"/> Full Time - Hours per week _____ <input type="checkbox"/> Part Time - Hours per week _____			
Reason for Leaving		Hourly Rate/Salary	
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Immediate Supervisor & Title		Nature of the work and responsibilities	
<input type="checkbox"/> Full Time - Hours per week _____ <input type="checkbox"/> Part Time - Hours per week _____			
Reason for Leaving		Hourly Rate/Salary	
From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor & Title		Nature of the work and responsibilities	
<input type="checkbox"/> Full Time - Hours per week _____ <input type="checkbox"/> Part Time - Hours per week _____			
Reason for Leaving		Hourly Rate/Salary	
From	To	Employer	Phone
Job Title		Address	
Immediate Supervisor & Title		Nature of the work and responsibilities	
<input type="checkbox"/> Full Time - Hours per week _____ <input type="checkbox"/> Part Time - Hours per week _____			
Reason for Leaving		Hourly Rate/Salary	

REFERENCES

1. _____
 Name Address Phone Relationship
2. _____
 Name Address Phone Relationship
3. _____
 Name Address Phone Relationship
4. _____
 Name Address Phone Relationship

EDUCATION

EDUCATION	Name & Address of School	Did You Graduate?	Course of Study	S/O Hours	Years Completed	Type of Degree Received
High School		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Undergraduate College		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Graduate Professional		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Other (Specify)		Yes <input type="checkbox"/> No <input type="checkbox"/>				

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No Interview Date _____

Remarks _____

Interviewer(s) _____

Employed Yes No Hire Date _____

Job Title _____

Department _____ Hourly Rate/Salary _____

By _____
 Name and Title _____ Date _____

Probationary Period Ends _____

Position(s) Applied For Is Open: Yes No
 Position(s) Considered For: _____

Date _____

