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.

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.

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>ETHNIC GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Month) (Day) (Year)</td>
<td>1. White (non-Hispanic)</td>
</tr>
<tr>
<td>Gender</td>
<td>2. Black (non-Hispanic)</td>
</tr>
<tr>
<td>□ Male</td>
<td>3. Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)</td>
</tr>
<tr>
<td>□ Female</td>
<td>4. Asian (including Pacific Islander)</td>
</tr>
<tr>
<td></td>
<td>5. American Indian (including Alaskan native)</td>
</tr>
</tbody>
</table>
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

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:  


5. Any of the preceding  6. Work involving Travel  7. Shift or Split Shift Work

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.

<table>
<thead>
<tr>
<th>Schools</th>
<th>Dates Attended (mo/yr)</th>
<th>Grad?</th>
<th>S/Q Hrs.</th>
<th>Major/Minor Course Work</th>
<th>Type of Degree Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College(s)</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University (s)</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate or Professional</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other educational, vocational school, internships, etc.</td>
<td></td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:
**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  
  - Number  
  - State
- 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.

<table>
<thead>
<tr>
<th>Current or Last Employer:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
<td>Supervisor’s Name</td>
</tr>
<tr>
<td></td>
<td>Telephone Number</td>
</tr>
<tr>
<td>Date Employed (mo/yr)</td>
<td>Starting Salary $ per</td>
</tr>
<tr>
<td></td>
<td>Ending or Current Salary $ per</td>
</tr>
<tr>
<td></td>
<td>Reason for Leaving</td>
</tr>
<tr>
<td>Date Separated (mo/yr)</td>
<td>List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Time</th>
<th>Years</th>
<th>Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part Time</td>
<td>Years</td>
<td>Months</td>
</tr>
</tbody>
</table>

If part time, number of hours worked per week:

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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