

CARTERET COUNTY EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Applications may be mailed or hand delivered to:
Employment Security Commission, 309 Commerce Avenue, Morehead City, NC 28557

Qualified applicants are considered for all positions, without regard to race, color, religion, sex, national origin, marital or veteran status, citizenship or non-job related disability. Carteret County will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless such an accommodation would impose an undue hardship upon the County.

Please Print

CURRENT INFORMATION

(1) POSITION APPLIED FOR: _____ DATE: _____

(2) When will you be available for employment? (i.e. immediately, 2 weeks notice) _____

(3) Are you seeking Full-time regular Part-time regular Temp/prefer regular Temporary Only

(4) NAME: _____
(Last) (First) (Middle)

(5) ADDRESS: _____
Street & No. or P.O. Box City State Zip

(6) HOME TEL # () _____ BUS. TELEPHONE # () _____

E-MAIL ADDRESS _____ (if applicable)

(7) Are you 18 or older? Yes No If No, can you furnish working papers? Yes No

GENERAL INFORMATION

If you need to explain any answer, use the space under EXPLANATIONS near the end of this application.

(8) Apart from absences for religious observances, check conditions that you are willing to accept.

Occasional: night work weekend work overtime rotating shifts "on-call"
Regular: night work weekend work overtime rotating shifts "on-call"
Frequent night work weekend work overtime rotating shifts "on-call"

(9) Have you ever been employed with the County of Carteret? Yes No
If YES, what department and when: _____

(10) Have you applied to the County of Carteret before? Yes No
If YES, indicate what position and when: _____

(11) Are you willing to accept a salary within the advertised normal starting salary range? Yes No

(12) Are you now or were you previously related in any way to a County employee? Yes No
If YES, give name, relationship and department: _____

(13) Are you able to perform all of the duties of the job you have applied for? Yes No

(14) Have you ever been convicted of a felony? Yes No
If YES, please explain under EXPLANATIONS. A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, length of time since the offense, and nature of the crime will be taken into consideration.

(15) Are you an American citizen or do you currently have authorization to work in the U.S.? Yes No

(16) Did you receive any of your education or employment experience under another name? Yes No
If YES, please explain under EXPLANATIONS.

EDUCATION

Provide your complete history

(17) Indicate highest school year completed: (i.e. 8, 12, 16) _____

(18) Name of High School _____ City _____ State _____

(19) Have you received a high school diploma or equivalent? [] Yes [] No

| Education Beyond High School | Name and Location | Attended From | | | | Did You Graduate? (circle) | S/Q Credit Hours | Degree, Diploma, Certificate Earned or # of Yrs. | Major Minor |
|---|-------------------|---------------|-----|-----|-----|----------------------------|------------------|--|-------------|
| | | Mo. | Yr. | Mo. | Yr. | | | | |
| College(s) University(ies) | | | | | | Yes No | | | |
| Graduate or Professional Schools | | | | | | Yes No | | | |
| Technical Institutes, Internship, Other | | | | | | Yes No | | | |

KNOWLEDGE, SKILLS & ABILITIES

(23) Please list any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate. If you wish consideration for a secretarial/clerical position, indicate typing speed and word processing software packages known and/or used.

(a) _____ (d) _____

(b) _____ (e) _____

(c) _____ (f) _____

REGISTRATIONS, LICENSES, CERTIFICATIONS

(24) List fields of work for which you have been registered, licensed or certified:

Registration: _____ State: _____ No: _____ Exp. Date: _____

Registration: _____ State: _____ No: _____ Exp. Date: _____

Other: _____

(25) Please list your **VALID DRIVER'S LICENSE NUMBER** and the state in which it was issued. If you do not have a driver's license, please put "NONE" in the blank - **Number:** _____ **State:** _____

(26) Is your driver's license a Commercial Driver's License? [] Yes [] No
If YES, indicate the class _____

EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable).** "See attached resume" is NOT acceptable in the duties space.

A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____ Telephone # (____) _____

Employer or company address _____

Name and Title of Supervisor: _____

Full-time for: Yrs ____ Mos ____ Part-time for: Yrs ____ Mos ____ # of employees supervised by you _____

If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING or desiring a change _____

B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____ Telephone # (____) _____

Employer or company address _____

Name and Title of supervisor _____

Full-time for: Yrs ____ Mos ____ Part-time for: Yrs ____ Mos ____ # of employees supervised by you _____

If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____

Date employed _____ Date Separated _____

Employer or company _____ Telephone # (____) _____

Employer or company address _____

Name and Title of supervisor _____

Full-time for: Yrs ____ Mos ____ Part-time for: Yrs ____ Mos ____ # of employees supervised by you _____

If you worked part-time, the number of hours worked per week _____

DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

- (27) Have you had disciplinary action taken against you in the past 12 months? [] Yes [] No
If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)
- (28) Have you ever been dismissed or forced to resign from any job held? [] Yes [] No
If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)
- (29) May we contact your present employer for reference prior to an interview (if granted)? [] Yes [] No
If you are not currently employed, please check here N/A (___). If NO, explain under EXPLANATIONS.

EXPLANATIONS

ITEM # _____

ITEM # _____

ITEM # _____

ITEM # _____

Certification and Release (MUST BE SIGNED AND DATED BELOW)

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the County.
- I authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the County of Carteret; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the County receives from an employer or educational institution under a promise of confidentiality.
- I also permit the County of Carteret to conduct a Court and Motor Vehicle Records Investigation of my background.
- I understand that if I apply and accept a position, I will be tested for drug use to determine if I am currently abusing this substance. I consent to the testing and understand that the results could preclude my appointment.
- I understand and acknowledge that should I be employed by the County of Carteret, then I serve "at will". This means that I may be terminated at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the County Manager.

SIGNATURE _____ **DATE** _____

