

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 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: _____
Are you a member of the Military Reserves? YES NO 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. _____

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.
1. _____ 2. _____ 3. _____

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)		Grad?	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
		From:	To:				
High School				YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)				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):

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:

- | | | | |
|--|--------------------------|---|--|
| <input type="checkbox"/> Driver's License | Number _____ State _____ | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Legal transcription |
| <input type="checkbox"/> Chauffeur's License | Number _____ State _____ | <input type="checkbox"/> Foreign language (specify) _____ | <input type="checkbox"/> Medical transcription |
| <input type="checkbox"/> Car for use at work | | <input type="checkbox"/> Adding Machine/calculator | <input type="checkbox"/> Braille |
| | | <input type="checkbox"/> Typing (specify WPM) _____ | <input type="checkbox"/> Word Processing |
| | | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> 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 _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
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:
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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

Continuation Of Work History

Social Security Number

Name

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AUTHORIZATION FOR RELEASE OF INFORMATION

I am an applicant for a justice officer position with the Transylvania County Sheriff's Office. In order to determine my suitability for this position and for justice officer certification or continued certification, I understand that both the Transylvania County Sheriff's Office and the North Carolina Sheriffs' Education & Training Standards Commission must make a thorough investigation of my personal records and personal background. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above agency.

Therefore, I, _____, DOB, _____, operators license number _____, do hereby request and authorize any bank, credit union, lending or financial institution, credit bureau, consumer report agency, retail business establishment, former and present employer, educational institution, doctor or other health care professional including mental health, alcohol treatment center, hospital or other repository of medical records, insurance company, governmental agency, criminal and civil courts, certification/licensing commission, military organization, and any other individual agency to produce and provide copies of any and all information to the Transylvania County Sheriffs' Office and the N.C. Sheriffs' Education & Training Standards Commission regarding me, whether of a privileged or confidential nature.

Moreover, I hereby release the Transylvania County Sheriffs' Office and the N.C. Sheriffs' Education & Training Standards Commission from any civil or criminal liability whatsoever for seeking such requested information and for evaluating such information as it relates to my application for certification. And, I hereby release the issuing agency and its agents and employees, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request.

I further waive all right to inspect or review any information compiled in reference to my application for certification as allowed by law. I do further authorize the Transylvania County Sheriffs' Office and the N.C. Sheriffs' Education & Training Standards Commission, its agents and employees, to release copies of any and all information to any agency or entity regulating the certification, authority or conduct of law enforcement officers. This is to include, but not limited to: N.C. Criminal Justice Education & Training Standards Commission, N.C. Sheriffs' Education & Training Standards Commission, N.C. Attorney General's Office, agencies of other states and the federal government, and the applicant/officer's employing agency.

I hereby acknowledge that this authorization is valid for one (1) year or until the employment application or investigative process has been completed, whichever is later.

A copy of this document is considered valid, just as the original. I have read and fully understand the above statements.

STATE OF NORTH CAROLINA
COUNTY OF TRANSYLVANIA
Subscribed and sworn to before me, this
Is the ____ day of _____, 20 ____.

Notary Public & Seal
My Commission Expires 3/6/2013.

Applicant Signature

Printed Name

Address

City & State

Phone Number