

EDUCATION

Provide your complete history

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

(18) Name of High School _____ County _____ 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** _____

**SUPPLEMENT TO COUNTY OF CARTERET
EMPLOYMENT APPLICATION**

The County of Carteret is an Equal Opportunity Employer. **Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be separate from your employment application.** Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. It will be maintained in personnel files which must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of state general statutes.

I. POSITION APPLIED FOR: _____

NAME: _____ **Last** _____ **First** _____ **Middle** _____

DATE OF APPLICATION: _____

II. SEX: (Please circle) **Male** **Female**

III. ETHNIC CATEGORY: (Please circle)

White – not of Hispanic origin

Black - not of Hispanic origin

Hispanic - Mexican, Puerto Rican, Cuban, Central, or South American or other Spanish Culture or origin regardless of race.

Asian or Pacific Islander - Origins in the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.

American Indian or Alaskan Native – must maintain cultural identity

HOW DID YOU LEARN OF THIS OPENING?: Check only one source.

- _____ Newspaper Ad (specify): _____
- _____ Employment Security Commission
- _____ Walked In On My Own
- _____ I Worked Here Before
- _____ An Employee Employee Name: _____
- _____ Employment Opportunity List (**where posted**): _____
- _____ Internet
- _____ Other (specify): _____

DRUG SCREENING/BACKGROUND INVESTIGATION

All accepted applicants must pass a drug screening process and background investigation. Further information will be provided at the appropriate time in the employment process.

OVERTIME COMPENSATION AGREEMENT

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), the County allows the employee to take time off for overtime worked. However, it is subject to supervisory approval and may be affected by budgetary constraints.

SELECTIVE SERVICE REGISTRATION

If **male** and age 18 to 26, have you registered for Selective Service?

(Please circle) **Yes** **No**

If not, you will have 30 days to comply if selected for a position as required by Federal law.

CERTIFICATION (THIS FORM MUST BE SIGNED)

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.

Name _____ Date _____

An Equal Opportunity/Affirmative Action Employer