



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

\_\_\_\_\_  
\_\_\_\_\_

Skills

CHECK the following skills, experiences, etc. which you have:

- Driver's license \_\_\_\_\_  Sign language \_\_\_\_\_  Legal transcription \_\_\_\_\_
- Number State  Foreign language (specify) \_\_\_\_\_  Medical transcription \_\_\_\_\_
- Chauffeur's license \_\_\_\_\_  Adding machine/calculator \_\_\_\_\_  Braille skills \_\_\_\_\_
- Number State  Typing (specify WPM) \_\_\_\_\_  Word Processing Skills \_\_\_\_\_
- Car for use at work  Shorthand/speedwriting (specify WPM) \_\_\_\_\_  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

<b>Current or Last Employer:</b>	Address:
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Job Title	Supervisor's name:	Telephone Number:	No. Supervised by you:
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Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Date Separated (mo/yr)	List major duties in order of their importance in the job: _____			
Full Time	Years	Months	_____	
Part Time	Years	Months	_____	
If part time, hours per week: _____				

<b>Employer:</b>	Address:
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Job Title	Supervisor's name:	Telephone Number:	No. Supervised by you:
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Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	
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Date Separated (mo/yr)	List major duties in order of their importance in the job: _____			
Full Time	Years	Months	_____	
Part Time	Years	Months	_____	
If part time, hours per week: _____				

<b>Employer:</b>	Address:
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Job Title	Supervisor's name:	Telephone Number:	No. Supervised by you:
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Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving	
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Date Separated (mo/yr)	List major duties in order of their importance in the job: _____			
Full Time	Years	Months	_____	
Part Time	Years	Months	_____	
If part time, hours 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
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# PITT COUNTY

Social Security Number	Last Name
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An Equal Opportunity/Affirmative Action Employer

<b>Employer:</b>			Address:		
Job Title		Supervisor's name:		Telephone Number:	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		
Date Separated (mo/yr)		List major duties in order of their importance in the job: _____			
Full Time	Years	Months	_____		
Part Time	Years	Months	_____		
If part time, hours per week:		_____			

<b>Employer:</b>			Address:		
Job Title		Supervisor's name:		Telephone Number:	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		
Date Separated (mo/yr)		List major duties in order of their importance in the job: _____			
Full Time	Years	Months	_____		
Part Time	Years	Months	_____		
If part time, hours per week:		_____			

<b>Employer:</b>			Address:		
Job Title		Supervisor's name:		Telephone Number:	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		
Date Separated (mo/yr)		List major duties in order of their importance in the job: _____			
Full Time	Years	Months	_____		
Part Time	Years	Months	_____		
If part time, hours per week:		_____			

<b>Employer:</b>			Address:		
Job Title		Supervisor's name:		Telephone Number:	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		
Date Separated (mo/yr)		List major duties in order of their importance in the job: _____			
Full Time	Years	Months	_____		
Part Time	Years	Months	_____		
If part time, hours 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

County Government policy prohibits discrimination based on race, sex, color, creed, national origin, age, or handicap. Sex, age, or absence of handicap is a bona fide occupational qualification in a small number of County jobs. The information requested below will in no way affect you as an applicant. Its sole use is to see how well our recruitment efforts are reaching all segments of the populations.

Name \_\_\_\_\_ Date \_\_\_\_\_

Position Applied For \_\_\_\_\_

Ethnic Group:

- White
- Black
- Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
- Asian or Pacific Islander
- American Indian

Sex:  Male  Female Date of Birth \_\_\_\_\_

Handicapped:  Yes  No Is Yes, please explain \_\_\_\_\_

\_\_\_\_\_  
THIS CARD MUST BE RETURNED WITH THE APPLICATION