

**APPLICATION FOR EMPLOYMENT** PITT COUNTY  
NORTH CAROLINA Date of Application

Please Print or Type Return To: Human Resources Dept., 1717 W 5<sup>th</sup> St., Greenville, NC 27834

Last 4 Digits of Social Security	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 Pitt County?  YES  NO

Are you related by blood or marriage to any person now working for Pitt County?  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

Give dates of your qualifying active military service:  
Entered: \_\_\_\_\_ Separated: \_\_\_\_\_ Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Are you a member of the Military Reserves:  YES  NO Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

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.) \_\_\_\_\_

**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. \_\_\_\_\_

How did you learn about this positions? Personnel Office \_\_\_\_\_; Newspaper ad \_\_\_\_\_; job vacancy announcement \_\_\_\_\_;  
Employment Security Commission \_\_\_\_\_; Other \_\_\_\_\_.

**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)		Graduate?		S/Q Hrs.	Maj/Min Course Work	Type of Degree Received
		From:	To:	YES	NO			
High School				<input type="checkbox"/>	<input type="checkbox"/>			
College(s) University(ies)				<input type="checkbox"/>	<input type="checkbox"/>			
College(s) University(ies)				<input type="checkbox"/>	<input type="checkbox"/>			
Graduate or Professional				<input type="checkbox"/>	<input type="checkbox"/>			
Other educational, vocational schools, internships, etc.				<input type="checkbox"/>	<input type="checkbox"/>			

Special training programs and seminars you have completed in the last five years (List):

\_\_\_\_\_

\_\_\_\_\_

If the jobs(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 | Number _____ State _____ | <input type="checkbox"/> Adding machine/calculator _____            | <input type="checkbox"/> Braille skills _____         |
|  |                          | <input type="checkbox"/> Typing (specify WPM) _____                 | <input type="checkbox"/> Word Processing Skills _____ |
|  |                          | <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

<b>Current or Last 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	May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>
-----------------------	------------------------	----------------------	--------------------	--

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

# PITT COUNTY

Last 4 Digits of Social Security Number <b>XXXX-XX-</b>	Last Name
--	-----------

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