

APPLICATION FOR EMPLOYMENT
RESUME WILL NOT BE ACCEPTED IN LIEU OF APPLICATION

PITT COUNTY
 NORTH CAROLINA

Date of Application _____

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

Last 4 Digits of Social Security XXX-XX-	Last Name _____	First Name _____	Middle Name _____
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Address (Street number and name) _____	City _____	County _____
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State _____	Zip Code _____	Phone (Home or where you can be reached) () _____	Email address _____
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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 position(s)? 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) From: To:	Graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Maj/Min Course Work	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University(ies)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University(ies)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational schools, 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 <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (G.S. 126-30) Person responsible: _____
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Licenses and certifications (List, giving dates and sources of issuance):

Skills _____

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

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

-- Work History (Include volunteer experience) Use Additional Sheets if Necessary

Current or Last Employer:	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	
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Part Time	Years	Months	
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If part time, hours per week:	
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Employer:	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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Full Time	Years	Months	
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Part Time	Years	Months	
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If part time, hours per week:	
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Employer:	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	
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Part Time	Years	Months	
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If part time, hours per week:	
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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

PITT COUNTY

Last 4 Digits of Social Security Number: XXX-XX-	Last Name
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An Equal Opportunity/Affirmative Action Employer

Employer:			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:					

Employer:			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		
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Part Time	Years	Months			
If part time, hours per week:					

Employer:			Address:		
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Part Time	Years	Months			
If part time, hours per week:					

Employer:			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			
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