

NORTHAMPTON COUNTY **LOCAL GOVERNMENT**

APPLICATION FOR EMPLOYMENT

NORTHAMPTON COUNTY

Human Resources Department

107 Thomas Bragg Drive

Post Office Box 367

Jackson, NC 27845

(252) 574-0236

FAX: 534-4483

HR@NHCNC.NET

Northampton County ***only*** accepts applications for job openings; please check the website for position vacancies:

WWW.NORTHAMPTONNC.COM

Equal Opportunity Employer

Northampton County Local Government

Human Resources Department, P. O. Box 367, Jackson, NC 27845

Application for Employment

Prospective employees will receive consideration without discrimination based on race, creed, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

DIRECTIONS: Fill out all sections COMPLETELY and please print or type the information requested. Only completed applications will be considered. An application must be received by the County by 5 pm on the closing date posted to ensure consideration. Mailed applications postmarked on the closing date will be accepted. The County will accept a fax application however; the County must have an **original copy** before application can be reviewed for interview. If a position is posted as "open until filled," APPLY IMMEDIATELY.

Position Title:

List only one(1) position per application

Date :

Name:				Social Sec. #		
	LAST	FIRST	M.I.		Last 4 digits only	

Mailing Address

City

State

Zip Code

County

() -
HOME PHONE NUMBER

() -
ALTERNATE NUMBER

E-MAIL ADDRESS

REFERRAL SOURCE

How did you learn about this position? Mark all boxes applicable from the list below.

Northampton sources: Bulletin Boards Web Site Employee referral Friend/word of mouth

Community agency: specify _____ Newspaper: specify _____

VETERAN STATUS

Have you served on active duty in the U.S. military? YES NO

If yes: Branch of service: Air Force Army Coast Guard Marines Navy

Regular Reserve National Guard Active Duty Dates _____ to _____

EMPLOYMENT WITH NORTHAMPTON COUNTY

Are you currently a Northampton County employee? YES NO

Have you ever been employed by Northampton County? YES NO

If yes, what is/was your status? Full-Time Part-Time

TRAINING / SKILLS

List any certification or licensing you have received that relates to the position you are applying for _____

List any other specialized (KSA's) knowledge skills, abilities, and/or training. _____

When will you be available to begin work? _____ Pay expected: \$ _____

GENERAL INFORMATION

1. Can you with or without reasonable accommodations perform the essential functions of this position. If no, please explain accommodation to allow you to perform the essential functions of this position. Yes No (1)
2. Are you able to perform all the essential functions of the job position you applied for? *If NO, please explain:* Yes No (2)
3. Are you 18 years or older? Yes No (3)
4. **Are you a United States Citizen?** If not Can you provide documentation that **authorizes you to work** in the United States of America? *NOTE: To conform to the Immigration Reform Act, Northampton County must verify your right to work in the U.S.* Yes No (4)
5. Do you currently have a Driver's License? *Please list your Drive License # _____ State _____* Yes No (5)
6. Have you ever applied at Northampton County Local Government before? Yes No (6)
If YES, indicate what department and when: _____
Year _____.
7. Are you now or were you previously **related in any way** to a County employee? Yes No (7)
If YES, What department does he/she work in _____?
State the relationship (i.e. Mother, Sister, Spouse/Domestic partner: _____.
8. Did you receive any of your education or employment experience under another name? Yes No (8)
If YES, please explain _____
9. Have you been **convicted of a felony** within the past 10 years? Yes No (9)
NOTE: A conviction will not necessarily bar you from employment and will be considered only if it relates reasonably to the job duties. If yes, for what were convicted you? _____

EDUCATION: *Provide your complete history.*

High School/ Equivalent (GED)	Location (City)	Location (State)	<input type="checkbox"/> Yes <input type="checkbox"/> No Graduate/G.E.D.
College or University	Location (City & State)	Dates (From/To) ___/___ to ___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No Graduate
Degree Title	Date	Major	Credit Hours
College or University	Location (City & State)	Dates (From/To) ___/___ to ___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No Graduate
Degree Title	Date	Major	Credit Hours
Graduate or Professional	Location (City & State)	Dates (From/To) ___/___ to ___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No Graduate
Degree Title	Date	Major	Credit Hours
Other educational, vocational school, internships, etc	Location (City & State)	Dates (From/To) ___/___ to ___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No Graduate
Other valid professional licenses and certificates:	Type of License:	Issuing State	Registration No.: Expiration Date

Please provide a copy of Degrees/Diplomas/Certificates

EMPLOYMENT: This section must be completed in detail. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable).**

A resume will not substitute for a completed Northampton County application unless the job posting so indicates.

Beginning with your present or most recent employment, list work experience gained during the past 10 years. Include any periods of self-employment, U.S. military service, and any job-related volunteer experience. If more than one position has been held with the same employer, list each separately. If additional space is necessary, please attach additional sheets-- see page 8.

Job Title		(1.) Employer's Name and Address		
Supervisor's Name				
Supervisor's Phone Number () _____	Employer's Phone # () _____	May we contact this employer? 8 Yes <input type="checkbox"/> No	Number of employees supervised by you:	
Dates Employed (Mo. /Yr.) _____/____/ to ____/____/____		Hours per week:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Last Salary\$
Duties: (Do NOT state "See Resume")				
Reason for leaving or considering change:				
Explain any gap in employment:				
Job Title		(2.) Employer's Name and Address		
Supervisor's Name				
Supervisor's Phone Number () _____	Employer's Phone # () _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:	
Dates Employed (Mo. /Yr.) _____/____/ to ____/____/____		Hours per week:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Last Salary\$
Duties: (Do NOT state "See Resume")				
Reason for leaving:				
Explain any gap in employment:				

EMPLOYMENT HISTORY CON'T:

If additional space is necessary, please attach additional sheets-- see page 8.

Job Title		(1). Employer's Name and Address		
Supervisor's Name				
Supervisor's Phone Number () _____	Employer's Phone # () _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:	
Dates Employed (Mo. /Yr.) _____/_____/_____ to ____/____/_____	Hours per week:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Last Salary\$	

Duties: (Do NOT state "See Resume")

Reason for leaving
or considering change:

Explain any gap in employment:

Job Title		(2.) Employer's Name and Address		
Supervisor's Name				
Supervisor's Phone Number () _____	Employer's Phone # () _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of employees supervised by you:	
Dates Employed (Mo. /Yr.) _____/_____/_____ to ____/____/_____	Hours per week:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Last Salary\$	

Duties: (Do NOT state "See Resume")

Reason for leaving:

Explain any gap in employment:

PROFESSIONAL REFERENCES: Please list three references that are familiar with your work ethics:

	NAME	ADDRESS	PHONE
1.			
2.			
3.			

ADDITIONAL INFORMATION: State any details or experience you feel may be helpful to us in considering your application.

Applicant’s Signature (must be signed)

~Please READ CAREFULLY~

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:

- 1. I authorize educational institutions, associations, registration, and licensing boards, and others to furnish whatever detail is available concerning my qualifications.*
- 2. 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.*
- 3. If offered a position I understand that I must submit to drug/alcohol test and background check and driving record as a condition of employment.*
- 4. I authorize the Northampton Sheriff’s Department to conduct a criminal history investigation and release the information to the Northampton County Human Resources Department.*
- 5. I authorize Northampton County to contact and obtain information about me from previous employers, educational and “references” I have provided, and any other party necessary to verify the accuracy of information I disclosed in this application. I expressly waive any right I have to review information the County receives from and employers or educational institution under a promise of confidentiality.*

APPLICANT SIGNATURE: _____ **DATE:** _____

I fully understand and accept all terms in the above statement.

Clearly Print Full Name _____

UNSIGNED APPLICATIONS WILL NOT BE PROCESSED

***Thank you for your interest in working for Northampton County Local Government.
We wish you success in your job search!***

Northampton County HR Department
107 Thomas Bragg Drive, PO Box 367, Jackson, NC 27845
HR OFFICE: (252) 574-0236 / **FAX:** (252) 534-4483



Northampton County Is An Equal Opportunity Employer

And Hires Only U.S. Citizens And Lawfully Admitted Aliens

Northampton County Local Government Is A Drug-Free Workplace

All Candidates Will Be Subject To

Background Checks/Drug Testing As A Condition Of Employment

NORTHAMPTON COUNTY LOCAL GOVERNMENT

NORTHAMPTON COUNTY'S NON-DISCRIMINATION POLICY

*It is Northampton County's policy that persons shall not be discriminated against in employment because of race, color, national origin, creed, religion, sex, age (40+), marital status, sexual orientation, or disability. Northampton County values diversity and strives to have a diverse work force and is committed to **Equal Employment Opportunities** Northampton County actively encourages members of diverse communities to apply.*

Completion of the following data is voluntary for affirmative action purposes. Information provided will be used for affirmative action purposes. **FAILURE TO SUPPLY THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT OR LATER ADVANCEMENT IN EMPLOYMENT.** The data will be reported only as required in statistical summaries.

Ethnic Category (Select only one racial/ethnic group - Federal guidelines do not allow multiple racial/ethnic designations for affirmative action purposes):

- African American/Black: Persons having origins in any of the Black racial groups of Africa.
- Asian/Pacific Islander:: Persons having origins in the original peoples of eastern Asian, southeast Asia, the Indian Subcontinent or the Pacific Island.
- Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture, regardless of race.
- Native American: Persons having origins in the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition, including Alaskan Natives.
- White/Caucasian:: Person having origins in any of the original peoples of Europe, North Africa, the Middle East, other than Hispanic.
- I choose to not identify.

Sex: Male Female Under 18 20 – 30 31- 39 Over 40 Over 50

Person without a disability should check item A. The reporting of a disability is strictly VOLUNTARY. Person with disabilities who DO WISH to report their disabilities should check item A. Information reported on this form will be kept confidential as required by state law. Public disclosure of this information without your consent would be a violation of G.S. 126-27

Disability: "Disability means, with respect to an individual

1. A physical or mental impairment that substantially limits one or more of the major life activities of such individual.
2. a record of such an impairment
3. being regarded as having such an impairment (American with Disabilities Act of 1990)

- | | |
|--|---|
| <input type="checkbox"/> A. None/Prefer not to report | <input type="checkbox"/> G. Respiratory impairment |
| <input type="checkbox"/> B. Blind or severely visually impaired | <input type="checkbox"/> H. Nervous system/Neurological disorder |
| <input type="checkbox"/> C. Deaf or severely hearing impaired | <input type="checkbox"/> I. Mentally restored |
| <input type="checkbox"/> D. Loss or limited use of arms and/or hands | <input type="checkbox"/> J. Learning disability |
| <input type="checkbox"/> E. Non-ambulatory (must use wheelchair) | <input type="checkbox"/> K. Mental retardation |
| <input type="checkbox"/> F. Other orthopedic impairment (including amputation, etc.)
arthritis, back injury cerebral palsy, | <input type="checkbox"/> L. Others (heart disease, diabetes, speech impairment) |
| | <input type="checkbox"/> M. Other (please specify____ |

Please note: This page will be detached from your application and kept for stats data only.

Job Title		(1.) Employer's Name and Address			
Supervisor's Name					
Supervisor's Phone Number () _____	Employer's Phone # () _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of employees supervised by you:	
Dates Employed (Mo. /Yr.) _____/____/____ to ____/____/____		Hours per week:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Last Salary \$	
Duties: (Do NOT state "See Resume")					
Reason for leaving or considering change:					
Explain any gap in employment:					
Job Title		(2.) Employer's Name and Address			
Supervisor's Name					
Supervisor's Phone Number () _____	Employer's Phone # () _____	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of employees supervised by you:	
Dates Employed (Mo. /Yr.) _____/____/____ to ____/____/____		Hours per week:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Last Salary \$	
Duties: (Do NOT state "See Resume")					
Reason for leaving:					
Explain any gap in employment:					