

PERSONNEL OFFICE
CALDWELL COUNTY
 Post Office Box 2200
 Lenoir, North Carolina 28645-2200
 Telephone (828) 757-8693



PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU BEGIN

Complete this application with the requested information. Note the following instructions on the sections listed.

WORK HISTORY: Begin with your most recent job. Include all paid employment as well as all Military or Volunteer work which you feel might help you in the job(s) for which you are applying. If you had different jobs for the same employer, describe each job separately. Describe in DETAIL what you did at each job starting with your main duties. Give the percent of time you spent on each duty. A resume cannot be submitted for the work history, but may be attached as additional information. If you were a supervisor, describe the type of employees you supervised.

SIGNATURE OF APPLICANT: You must sign and date this application. Unsigned applications will Not Be Processed.

REFERENCES: Give the name, address and telephone number of persons knowing your qualifications. Do not list supervisors listed in the WORK HISTORY section.

BEFORE SUBMITTING THIS APPLICATION, PLEASE CHECK TO SEE THAT YOU HAVE:

1. Listed your zip code correctly.
2. Completed the section for Equal Opportunity information.
3. Given complete information on your education and work history.
4. Signed and dated your application.

Thank you for your interest in County Government. Caldwell County wants to find the best qualified people available to serve its citizens. Although everyone who applies cannot be hired, your application will be given every consideration

EQUAL OPPORTUNITY INFORMATION

Caldwell 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 will be to see how well our recruitment efforts are reaching all segments of the population. Caldwell County employs only U.S. citizens or aliens who can provide proof of identity and work authorization within 3 working days.

| | | | | |
|-----------------------|---------------------|----------------------|--------------|---|
| DATE OF BIRTH | | | SEX | |
| _____ MONTH | _____ DAY | _____ YEAR | Check | <input type="checkbox"/> MALE |
| | | | | <input type="checkbox"/> FEMALE |

ETHNIC GROUP

1. White (Non-hispanic)
2. Black (Non-hispanic)
3. Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4. Asian (including Pacific islander)
5. American Indian (including Alaskan native)

DISABILITY: (A disability is any impairment which substantially limits a major life function.) This information is optional. Failure to provide it will not subject you to any adverse treatment. It will be maintained separately and confidentially.

- | | |
|---|--|
| 1. <input type="checkbox"/> Visual impairment/blindness | 6. <input type="checkbox"/> Respiratory impairment |
| 2. <input type="checkbox"/> Hearing impairment/deafness | 7. <input type="checkbox"/> Loss or impairment of upper and/or lower limbs |
| 3. <input type="checkbox"/> Cardiovascular disorder | 8. <input type="checkbox"/> Disabling diseases (arthritis, diabetes, etc.) |
| 4. <input type="checkbox"/> Emotional/mental disorder | 9. <input type="checkbox"/> Other (explain) _____ |
| 5. <input type="checkbox"/> Nervous system/neurological disorder (epilepsy) | |

NORTH CAROLINA

DO NOT TRY TO COMPLETE THIS APPLICATION WITHOUT READING THE ATTACHED INSTRUCTIONS

APPLICATION FOR EMPLOYMENT

**CALDWELL COUNTY
NORTH CAROLINA**

Date of Application

Please Print or Type

| | | | |
|----------------------------------|------------|--|---------------------------|
| | First Name | Middle Name | Last Name |
| Address (Street number and name) | | City | County |
| State | Zip Code | Phone (Home or where you can be reached) | Business Phone () |

E-mail Address _____

Check the types of work you will accept:

- | | | |
|---|--|---|
| <input type="checkbox"/> 1. Regular full time | <input type="checkbox"/> 2. Regular part-time | <input type="checkbox"/> 3. Temporary full-time |
| <input type="checkbox"/> 4. Temporary part-time | <input type="checkbox"/> 5. Any of the preceding | <input type="checkbox"/> 6. Work involving Travel |
| <input type="checkbox"/> 7. Shift or Split Shift Work | | |

If you are not available for work now, enter the earliest date you could begin work (mo./day/year) _____

POSITION APPLIED FOR _____

This application will be considered only for the position applied for.

NOTE: All Clerk-Typist Applicants must take Typing and Spelling Tests at the Local Office of The Employment Security Commission.

MILITARY SERVICE

Were you in the Armed Forces? YES NO

EDUCATION

Check highest grad 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

| SCHOOLS | NAME & LOCATION | GRAD? | MAJOR/MINOR COURSEWORK | TYPE DEG. |
|--|-----------------|---|------------------------|-----------|
| High School | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| College University | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Graduate or Professional | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Other Educational Vocational School Internship, etc. | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

LIST fields of work for which you are licensed, registered, or certified, giving date(s) and sources(s) of issuance:

If the job(s) applied for calls for specific courses, indicate those taken and credits received:

WORK HISTORY (include volunteer experience)

Use Additional Sheet If Necessary

Current or Last Employer:

Address:

Telephone No.:

Job Title:

Supervisor Name:

No. Supervised by you:

Date Employed (mo./yr.) Starting Salary Ending Salary Reason for Leaving May we contact Employer?

\$ per \$ per Yes No

Date Separated (mo./yr.) **Duties:** _____

Full Time Years Months _____

Part Time Years Months _____

If part time, number of hours worked per week:

Employer:

Address:

Telephone No.:

Job Title:

Supervisor Name:

No. Supervised by you:

Date Employed (mo./yr.) Starting Salary Ending Salary Reason for Leaving May we contact Employer?

\$ per \$ per Yes No

Date Separated (mo./yr.) **Duties:** _____

Full Time Years Months _____

Part Time Years Months _____

If part time, number of hours worked per week:

Employer:

Address:

Telephone No.:

Job Title:

Supervisor Name:

No. Supervised by you:

Date Employed (mo./yr.) Starting Salary Ending Salary Reason for Leaving May we contact Employer?

\$ per \$ per Yes No

Date Separated (mo./yr.) **Duties:** _____

Full Time Years Months _____

Part Time Years Months _____

If part time, number of hours worked per week:

WORK HISTORY (include volunteer experience)

Use Additional Sheet If Necessary

Employer:

Address:

Telephone No.:

Job Title:

Supervisor Name:

No. Supervised by you:

Date Employed (mo./yr.)

Starting Salary

Ending Salary

Reason for Leaving

May we contact Employer?

\$ per

\$ per

Yes No

Date Separated (mo./yr.)

Duties:

Full Time

Years

Months

Part Time

Years

Months

If part time, number of hours worked per week:

Employer:

Address:

Telephone No.:

Job Title:

Supervisor Name:

No. Supervised by you:

Date Employed (mo./yr.)

Starting Salary

Ending Salary

Reason for Leaving

May we contact Employer?

\$ per

\$ per

Yes No

Date Separated (mo./yr.)

Duties:

Full Time

Years

Months

Part Time

Years

Months

If part time, number of hours worked per week:

Employer:

Address:

Telephone No.:

Job Title:

Supervisor Name:

No. Supervised by you:

Date Employed (mo./yr.)

Starting Salary

Ending Salary

Reason for Leaving

May we contact Employer?

\$ per

\$ per

Yes No

Date Separated (mo./yr.)

Duties:

Full Time

Years

Months

Part Time

Years

Months

If part time, number of hours worked per week:

