CARTERET COUNTY EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

Applications may be mailed or hand delivered to: Employment Security Commission, 309 Commerce Avenue, Morehead City, NC 28557

Qualified applicants are considered for all positions, without regard to race, color, religion, sex, national origin, marital or veteran status, citizenship or non-job related disability. Carteret County will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless such an accommodation would impose an undue hardship upon the County.

Please Print

CURRENT INFORMATION

1) POSITION APPLIED FOR: DATE:					
(2) When will you be a	available for employme	ent? (i.e. immediately, 2 we	eks notice)		
(3) Are you seeking	[] Full-time regular	[] Part-time regular	[] Temp/prefer reg	jular [] Tempo	orary Only
(4) NAME:	4 0	(F: 1)		/A 4: 1 II . \	
	(Last)	(First)		(Middle)	
(5) ADDRESS:					
	Street & No. or P.O. Box	City		State	Zip
(6) HOME TEL # ()	BUS. TELE	PHONE # ()		
E-MAIL ADDRESS	1		(if applica	ble)	
(7) Are you 18 or olde	r?[]Yes[]No If N	lo, can you furnish working	papers?[]Yes	[] No	
GENERAL IN	FORMATION				
		under EXPLANATIONS near	the end of this applicat	tion.	
(8) Apart from absence	es for religious observ	ances, check conditions th	nat you are willing to	accept.	
Occasional: Regular: Frequent	[] night work [] v	weekend work [] overtime weekend work [] overtime weekend work [] overtime	[] rotating shifts [] "on-call"	
(9) Have you ever bee		County of Carteret?		[]Yes	[] No
(10) Have you applied If YES, indica		eret before? /hen:		[]Yes	[] No
(11) Are you willing to	accept a salary within	the advertised normal sta	rting salary range?	[] Yes	[] No
		ated in any way to a Count department:		[]Yes	[] No
(13) Are you able to p	erform all of the duties	of the job you have applie	d for?	[] Yes	[] No
exclude you from	cplain under EXPLANA employment. Factors	ny? ATIONS. A conviction reco s such as age at time of offo ature of the crime will be ta	ense, rehabilitation e	fforts,	[] No
(15) Are you an Ameri	ican citizen or do you	currently have authorizatio	n to work in the U.S.?	? []Yes	[] No
	ny of your education of explain under EXPLA	or employment experience ANATIONS.	under another name	? []Yes	[] No

EDUCATION

Provide your complete history

(17) In	ndicate h	ighest school year complete	ed: (i.e. 8, 12	2, 16)		_				
		High School							State	_
(19) H	ave you	received a high school diplo	oma or equi	valen	t?	[]Y	'es []No			
Educa Beyon High S	d	Name and Location	Mo.		nded om Mo.	Yr.	Did You Graduate? (circle)	S/Q Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
Colleg Univers	e(s) sity(ies)						Yes No			
Gradua Profes Schoo	sional						Yes No			
Techni Institu Interns Other	tes,						Yes No			
(23)	Please are ap	e list any knowledge, skills, or plying. Include skills with earial/clerical position, indicate	or abilities ye quipment or	ou ha macl	ve tha	you c	an operate. I	f you wis	h consideration for a	•
` '						- ` /				
(c)						_(f)				
REC	GISTE	RATIONS, LICEN	ISES, C	ER	TIF	IC/	<u>ATIONS</u>			
(24)	List fie	elds of work for which you ha	ave been reg	gister	ed, lic	ense	d or certified:			
	Regist	ration:	State	e:		_No:_			Exp. Date:	
	Regist	ration:	State	e:		_No:_			Exp. Date:	
	Other:									
(25)		e list your VALID DRIVER'S s license, please put "NONE								have a
(26)		r driver's license a Commero, indicate the class	cial Driver's							

EMPLOYMENT

Record your complete work history in the spaces below. If needed, additional sheets containing the same information and in the same format are acceptable. BEGIN with your current or most recent position. Include military and related volunteer experience. Be sure to account for gaps in your employment history. ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable). "See attached resume" is NOT acceptable in the duties space.

Date employed Date Separated _ Employer or company Employer or company address Name and Title of Supervisor: Mos # If you worked part-time, the number of hours worked per week DUTIES IN ORDER OF IMPORTANCE REASON FOR LEAVING or desiring a change B. NEXT MOST RECENT EMPLOYMENT (or explain gas) JOB TITLE Date employed Date Separated Employer or company Employer or company address Name and Title of supervisor	Telephone # () # of employees supervised by you # in employment) Starting Salary	Last Salary
Employer or company address	tof employees supervised by you up in employment) Starting SalaryTelephone # ()	Last Salary
Employer or company address	tof employees supervised by you up in employment) Starting SalaryTelephone # ()	Last Salary
Full-time for: Yrs Mos Part-time for: Yrs Mos # If you worked part-time, the number of hours worked per week DUTIES IN ORDER OF IMPORTANCE REASON FOR LEAVING or desiring a change B. NEXT MOST RECENT EMPLOYMENT (or explain gas a specified or company Date Separated_ Employer or company Employer or company address	p in employment) Starting Salary Telephone # ()	Last Salary
If you worked part-time, the number of hours worked per week DUTIES IN ORDER OF IMPORTANCE REASON FOR LEAVING or desiring a change B. NEXT MOST RECENT EMPLOYMENT (or explain gas JOB TITLE Date employed Date Separated_ Employer or company Employer or company address	p in employment) Starting SalaryTelephone # ()	Last Salary
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REASON FOR LEAVING or desiring a change B. NEXT MOST RECENT EMPLOYMENT (or explain gas JOB TITLE Date employed Date Separated_ Employer or company Employer or company address	p in employment) Starting Salary Telephone # ()	Last Salary
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JOB TITLE Date employed Date Separated_ Employer or company Employer or company address	Starting Salary Telephone # ()	
Date employed Date Separated_ Employer or company Employer or company address		
Date employed Date Separated_ Employer or company Employer or company address		
Employer or company Employer or company address	Telephone # ()	
Employer or company address		
Full-time for: Yrs Mos Part-time for: Yrs Mos #		
If you worked part-time, the number of hours worked per week_		
DUTIES IN ORDER OF IMPORTANCE		
REASON FOR LEAVING		
C NEVI MOCT DECENT EMPLOYMENT (an application	!n. a	
C. NEXT MOST RECENT EMPLOYMENT (or explain ga	ip in employment)	
JOB TITLE	Starting Salary	Last Salary
Date employed Date Separated_		
Employer or company	Telephone # ()	
Employer or company address		
Name and Title of supervisor		
Full-time for: Yrs Mos Part-time for: Yrs Mos #	f of employees supervised by you	
If you worked part-time, the number of hours worked per week		
DUTIES IN ORDER OF IMPORTANCE		
		

SIGNATURE	DATE
 Certification and Release (MUST BE SIGNED AND DATED) To the best of my knowledge and belief, the information given truly represents mor negligently misrepresented, falsified or omitted any information during the wording of this application form, I may be disqualified for employment considerated. I authorize my current and former employers to give any information regarding morelease them from any damage whatsoever for issuing same. I also authorize educational institutions which I attended to reveal my scholastict Carteret; and associations, registration and licensing boards and to others to Notwithstanding any provision of State or Federal law, I expressly waive any employer or educational institution under a promise of confidentiality. I also permit the County of Carteret to conduct a Court and Motor Vehicle Record. I understand that if I apply and accept a position, I will be tested for drug use to testing and understand that the results could preclude my appointment. I understand and acknowledge that should I be employed by the County of Carany time with or without cause. I further understand that this "at will" employme conduct unless such change is specifically approved by the County Manager. 	y background and experience. I understand that if I have knowingly application process, or have made any changes to the format or ion or dismissed from employment with the County. The or my employment, whether or not it is on their records. I hereby ratings, as well as degrees or certificates earned, to the County of furnish whatever detail is available concerning my qualifications. I right I have to review information the County receives from an ids Investigation of my background. The determine if I am currently abusing this substance. I consent to the teret, then I serve "at will". This means that I may be terminated at
ITEM #	
<u>EXPLANATIONS</u>	
(29) May we contact your present employer for reference prior to an If you are not currently employed, please check here N/A (_	
(28) Have you ever been dismissed or forced to resign from any job If YES, explain under EXPLANATIONS. (A YES will not auto	
(27) Have you had disciplinary action taken against you in the past 1 If YES, explain under EXPLANATIONS. (A YES will not auto	

SUPPLEMENT TO COUNTY OF CARTERET EMPLOYMENT APPLICATION

The County of Carteret is an Equal Opportunity Employer. Please complete this form in order for us to comply with the reporting requirements of the Equal Employment Opportunity Commission. This form will be separate from your employment application. Other than the information you provide in Section I, the information on this form will not be used in any way in our selection process or for any personnel action following employment. It will be maintained in personnel files which must be kept confidential under State law. Public disclosure of this information without your consent would be a violation of state general statutes.

I. POSITION APPLIED FOR:					
DATE O	F APPLICATION:		_		
II. SEX:	(Please circle)	Male	Female		
III. ETH	NIC CATEGORY: (PI	ease circle)			
White –	not of Hispanic origin				
Black -	not of Hispanic origin				
	c - Mexican, Puerto Ricregardless of race.	can, Cuban, Central, or Sou	nth American or other Spanish Culture		
	r Pacific Islander - Or fic Islands.	igins in the Far East, South	east Asia, the Indian Subcontinent or		
America	an Indian or Alaskan I	Native – must maintain cult	ural identity		
HOW DI	D YOU LEARN OF TH	IIS OPENING?: Check only	one source.		
	Newspaper Ad (spec	cify):			
	Fundament Occurring Commission				
Walked In On My Own					
	An Employee	Employee Name:			
	Employment Opportu	unity List (where posted):			
	Internet				

DRUG SCREENING/BACKGROUND INVESTIGATION

All accepted applicants must pass a drug screening process and background investigation. Further information will be provided at the appropriate time in the employment process.

OVERTIME COMPENSATION AGREEMENT

For employees subject to the overtime provisions of the Fair Labor Standards Act (FLSA), the County allows the employee to take time off for overtime worked. However, it is subject to supervisory approval and may be affected by budgetary constraints.

SELECTIVE SERVICE REGISTRATION

If male and age 18 to 2	26, have you register	red for Selective Service?	
(Please circle)	Yes	No	
If not, you will have 30 law.	days to comply if se	lected for a position as required by Fe	deral

CERTIFICATION (THIS FORM MUST BE SIGNED)

I certify that I have read and understand the information contained on this form, complied with the instructions provided, and have done so truthfully to the best of my knowledge.

Name	Date

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