



Application for Employment

Martin County, North Carolina

Instructions to Applicants

To be considered for Martin County, North Carolina, you must answer all questions and complete **all** sections of this application form.

Martin County, North Carolina, employs only us citizens or aliens who can provide proof of identity and work authorization within 3 working days of employment males subject to military selective service registration must certify compliance to be eligible for county employment (G.S. 143b- 421.1). See availability block.

When completing this application, please make sure you

- Complete the section for equal opportunity information.
- Apply for one vacancy per application.
- Give complete information on your education and work history (“see resume” is not acceptable).
- List separately each job held and your duties for each position when you worked for one employer and held more than one position.
- As you describe your work history, make sure you highlight your competencies (knowledge, skills, abilities, and work behaviors) which demonstrate your qualifications for the position for which you are applying.
- Provide only the last four digits of your social security number.
- Check for accuracy, sign and date your application.

Thank you for your interest in local government. Martin 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.

Last Name	First Name	Middle Name
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Equal Opportunity Information

Martin County, NC, policy prohibits discrimination based on race, sex, color, creed, national origin, age, genetic information, or disability. Sex, age, or absence of disability 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.

<p>Date of Birth</p> <p>_____</p> <p>Gender</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	<p>Ethnic Group</p> <p><input type="checkbox"/> White (non-Hispanic)</p> <p><input type="checkbox"/> Black (non-Hispanic)</p> <p><input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)</p> <p><input type="checkbox"/> Asian (including Pacific Islander)</p> <p><input type="checkbox"/> American Indian (including Alaskan native)</p>
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APPLICATION FOR EMPLOYMENT Martin County, NC Date of Application

Last 4 digits of Social Security No.	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)	Business Phone
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Availability Do you now work for Martin County, NC? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you related by blood or marriage to any person now working for Martin County? <input type="checkbox"/> YES <input type="checkbox"/> 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
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Military Service

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? YES NO

Do you wish to declare a service-connected disability? YES NO

At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? YES NO

Do you wish to declare eligibility for veteran's preference as the spouse of a disabled veteran? YES NO

Give dates of your (or spouse's) qualifying active military service:
 Entered: _____ Separated: _____ Branch: _____ Rank _____

CHECK the types of work you will accept:

Permanent full-time Permanent part-time Temporary full-time Temporary part-time

Work involving Travel Shift or Split Shift Work Any of the preceding

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

Job Applied For

Enter below the specific title and vacancy number of the job for which you are applying.

Job Title: _____ Vacancy Number: _____

Referral Source

Please indicate your referral source: _____

If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____

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:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, 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
- Adding Machine/calculator
- Braille
- Typing (specify WPM) _____
- Word Processing
- Shorthand/speedwriting (specify WPM) _____
- 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. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying.

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer YES NO
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job: <input type="checkbox"/>			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	
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Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked 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

Martin County, NC			Last 4 digits of Social Security No.		Last Name	
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 that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:					
Full Time Years Months						
Part Time Years Months						
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