



APPLICATION FOR EMPLOYMENT

**POLK COUNTY
LOCAL
GOVERNMENT**

Date of Application _____

Last 4 digits of Social Security No.		Last Name		First Name		Middle Name	
Address (Street number and name)				City		County	
State	Zip Code	Phone (Home or where you can be reached)	Business Phone		E-Mail Address		

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM. THE COUNTY EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION PRIOR TO BEGINNING WORK.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- 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 POLK COUNTY LOCAL GOVERNMENT. WE WANT TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE OUR CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

CHECK the types of work you will accept:

Occasional:	<input type="checkbox"/> night work	<input type="checkbox"/> weekend work	<input type="checkbox"/> overtime	<input type="checkbox"/> rotating shifts	<input type="checkbox"/> "on-call"
Regular:	<input type="checkbox"/> night work	<input type="checkbox"/> weekend work	<input type="checkbox"/> overtime	<input type="checkbox"/> rotating shifts	<input type="checkbox"/> "on-call"
Frequent:	<input type="checkbox"/> night work	<input type="checkbox"/> weekend work	<input type="checkbox"/> overtime	<input type="checkbox"/> rotating shifts	<input type="checkbox"/> "on-call"

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: _____ Department: _____

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?	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 ten 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):

Licenses and certifications (List, giving dates and sources of issuance):

ADDITIONAL SKILLS

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

- | | | | | |
|--|-------------------------|---|-------|--|
| <input type="checkbox"/> Driver's License | _____ | <input type="checkbox"/> Sign Language | _____ | <input type="checkbox"/> Legal transcription |
| | Class _____ State _____ | <input type="checkbox"/> Foreign language (specify) _____ | | <input type="checkbox"/> Medical transcription |
| <input type="checkbox"/> Chauffeur's License | _____ | <input type="checkbox"/> Adding Machine/calculator | _____ | <input type="checkbox"/> Braille |
| | Class _____ State _____ | <input type="checkbox"/> Typing (specify WPM) _____ | | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Car for use at work | | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | | <input type="checkbox"/> Other _____ |

PRE-EMPLOYMENT REQUIREMENTS

All final applicants must submit to a background check. 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.)

All final applicants must pass a pre-employment drug screening process in order to be hired. Have you ever tested positive for drugs or alcohol within the past two (2) years? 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 <input type="checkbox"/> NO <input type="checkbox"/>
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:				
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:				
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:				

Use additional sheet if necessary to show at least the last ten (10) years of employment history.

TOTAL YEARS OF PROFESSIONAL WORK EXPERIENCE:

Additional Questions

- (1) Have you ever been employed with the County of Polk? Yes No
 If YES, what department and when: _____
- (2) Have you applied to the County of Polk before? Yes No
 If YES, indicate what position and when: _____
- (3) Are you now or *were* you previously related in any way to a County employee? Yes No
 If YES, give name, relationship and department _____
- (4) Are you able to perform all of the duties of the job you have applied for? Yes No
- (5) Are you an American citizen or do you currently have authorization to work in the U.S.? Yes No
- (6) Are you a Veteran of United States Armed Services? Yes No;
 If yes, which branch? _____ Years served? _____ Final rank? _____
- (7) Did you receive any of your education or employment experience under another name? Yes No
 If YES, please explain: _____

Professional References

Please list three (3) professional references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

Certification and Release (MUST BE SIGNED AND DATED BELOW)

- To the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly or negligently misrepresented, falsified or omitted any information during the application process, or have made any changes to the format or wording of this application form, I may be disqualified for employment consideration or dismissed from employment with the County.
- 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 authorize my current and former employers to give any information regarding me or my employment, whether or not it is on their records. I hereby release them from any damage whatsoever for issuing same.
- I also authorize educational institutions which I attended to reveal my scholastic ratings, as well as degrees or certificates earned, to the County of Polk; and associations, registration and licensing boards and to others to furnish whatever detail is available concerning my qualifications. Notwithstanding any provision of State or Federal law, I expressly waive any right I have to review information the County receives from an employer or educational institution under a promise of confidentiality.
- I agree to submit to a drug screen as part of the County of Polk's pre-employment requirements. I understand that if I apply or have applied for certain jobs, I may be tested for drug and alcohol use to determine if I am currently abusing these substances. I consent to the testing and understand that the results could preclude my appointment.
- I also permit the County of Polk to conduct a Court/Criminal, Credit and/or Motor Vehicle Records Investigation of my background.

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. 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