APPLICATION FOR EMPLOYMENT State of North Carolina

INSTRUCTIONS TO APPLICANTS

TO BE CONSIDERED FOR STATE EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

THE STATE 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 STATE 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 STATE GOVERNMENT. NORTH CAROLINA 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.

PD 107 (REV 10/2007)

Equal Opportunity Information State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of State 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. DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental Date of Birth impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. (Month) (Day) (Year) The reporting of a disability is strictly VOLUNTARY. Persons with disabilities who DO NOT WISH to report their disabilities should check item A. Information reported on this form Gender 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. Male Female **ETHNIC GROUP** A None/Prefer not to report **G** Respiratory impairment 1. White (non-Hispanic) **B** Blind or severely visually **H** Nervous system/Neurological 2. Black (non-Hispanic) disorder impaired 3. Hispanic (Mexican, Puerto C Deaf or severely hearing J ☐ Mental retardation Rican, Cuban, Central or South impaired K ☐ Learning disability American, other Spanish origin D ☐ Loss of limited use of arms regardless of race) L ☐ Others (heart disease, diabetes, and/or hands 4. Asian (including Pacific speech impairment) E Non-ambulatory (must use **M** ☐ Other (please specify) Islander) wheelchair) 5. American Indian (including F Other orthopedic impairment Alaskan native) (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)

APPL	ICATION	FOR EN	IPLOYMEN	T N	STATE (ORTH CAR		Date of	Application		
Last 4 digits of Soc	cial Security No.	Last Name		First I	First Name		Middle Name			
Address (Street num	ber and name)			City			County			
State		Zip Code	Phone (Home or wh	ere you can be	e reached) Bi	usiness Phon	e			
Availability Do you now work for the State of NC? YES NO	Are you related by blood or marriage to any person now working for the State YES NO If yes, give name, relationship to you and the agency where employed.						certify ing dotted line			
Military Service Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? 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 veterans 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										
AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE: YES NO										
CHECK the types of work you will accept: 1. Permanent full-time 2. Permanent part-time 3. Temporary full-time 4. Temporary part-time 5. Any of the preceding 6. Work involving Travel 7. Shift or Split Shift Work If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) Will you accept work anywhere in N.C.? YES NO (If no, list below the counties in which you would be willing to work.) 1. 2. 3. 4. 5.										
Job Applied For	ific title and vecaneva	maker of the ick for whi	ob vou ore englise							
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										
·			mester (S) or quarter (Q) hours Dates Attended (mo/yr)		C/O Lira Ma	oior/Minor Co	uro o Morle	Type of Degree		
Schools	Name and	Location	From: To:	Grad?	S/Q Hrs. Ma	ajor/Minor Co	urse vvork	Received		
High School College(s) University (s)				NO YES NO						
Graduate or Professional				YES 🗆 NO 🗆						
Other educational, vocational school,				YES 🗆						
internships, etc. 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: Registration: State:										
	ssional, honorary, or te				DO NOT CO			-		
					DEGREES AND PROFESSIONAL CREDENTIALS Have been verified Will be verified within 90 days (G.S. 126-30) Person Responsible:					

Licenses and certifications (List, giving dates and sources of issuance):										
SKILLS CHECK the following skills, experiences, etc., which you have:										
☐ Driver's License		Language								
☐ Chauffeur's License Number	Add	ing Machine/calculator Braille ing (specify WPM) Word Processing								
Number State Typing (specify WPM) Word Processing Car for use at work 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)			d to the position for which you are a	applying in order of their						
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							
Ŧ 1		onstrate your competencies related	d to the position for which you are a	applying in order of their						
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	I						
Date Separated (mo/yr)	T 1		d to the position for which you are a	applying in order of their						
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										
Signature of Ap	plicant (unsigned applicat	tions will not be processed)		Date						