



NORTHAMPTON COUNTY **LOCAL GOVERNMENT**

APPLICATION FOR EMPLOYMENT

NORTHAMPTON COUNTY

Human Resources Department

107 Thomas Bragg Drive

Post Office Box 367

Jackson, NC 27845

(252) 574-0236

FAX: 534-4483

EMAIL: HR@NHCNC.NET

*Northampton County **only** accepts applications for job openings;
please check the website for position vacancies:*

WWW.NORTHAMPTONNC.COM

Equal Opportunity Employer



Northampton County Local Government

Application for Employment

Prospective employees will receive consideration without discrimination based on race, creed, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

HR Department, P.O. Box 367, Jackson, NC 27845

Instructions: Fill out all sections completely. Print clearly or type. Only completed and signed forms will be considered. The County must receive the application by 5 pm on the closing date.

Note: Mailed applications **POSTMARKED** on the closing date will be accepted.

HR will accept an Email or FAX at (252) 534-4483; but HR must receive the ORIGINAL by mail before the application will be reviewed. If a job is posted as "open until filled" you should apply immediately.

List only one (1) job opening per application

Full-time

Date

Position Title:

Part-time

Temp

			SS#: XXX-XX-
FIRST NAME	LAST NAME	M.I.	LAST 4 DIGITS

MAILING

Address	City	State	Zip Code	COUNTY
()	()	()		
AREA CODE / HOME PHONE NUMBER	MOBILE	ALTERNATE NUMBER		

REFERRAL SOURCE: How did you learn about this position?

Northampton sources: Bulletin Board Web Site Employee referral Friend / Word of Mouth
 Community agency: specify _____ Newspaper: specify _____

VETERAN STATUS: Have you served on active duty in the U.S. military? YES NO

If yes: Branch of service: Air Force Army Coast Guard Marines Navy
 Regular Reserve National Guard * Active Duty Dates _____ to _____

EMPLOYMENT WITH NORTHAMPTON COUNTY: Are you a current employee? YES NO

If yes: What is your status? Full-Time Part-Time
 Have you ever been employed by Northampton County? YES NO

WHEN WILL YOU BE AVAILABLE TO BEGIN WORK? _____ Pay expected \$ _____

TRAINING / SKILLS / ACCOMPLISHMENTS / PROFESSIONAL ORGANIZATIONS

List any specialized knowledge – abilities, skills, computer software or specific training(s): _____

List any certification(s) or licensing (relate to the position): _____

List machines/equipment you can operate: _____

Second Language(s): _____

GENERAL INFORMATION

1. Are you **18 years** old or older? Yes No (1)
2. Do you currently have a **Driver's License**? License # _____ State _____ Yes No (2)
3. Are you a **United States** Citizen? Yes No (3)
4. If no, can you provide documentation that **authorizes you to work** in the United States?
(To conform to the Immigration Reform Act, Northampton County must verify your right to work in the U.S.) Yes No (4)
5. **Have you ever applied** at Northampton County Local Government before? Yes No (5)
If YES, indicate what department and when:
Dept: _____ Year _____
6. Are you now or were you previously **related in any way** to a current County employee? Yes No (6)
If YES, What department does he/she work in: _____
State the relationship (i.e., Mother, Sister, Spouse/Domestic partner): _____
7. Did you receive any of your education or employment experience under **another name**? Yes No (7)
If YES, please state: _____
8. Have you been **convicted of a felony**? If YES, please state type of conviction and year:
(A conviction will not necessarily bar you from employment and will be considered if it relates reasonably to the job duties.) Yes No (8)

_____ Year _____

EDUCATION

High School / Equivalent (GED)	Location (City & State)	Year	<input type="checkbox"/> G.E.D	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
College / University	Location (City & State)	Dates (From / To)		Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
DEGREE TITLE	Year	Major		Credit Hours
Graduate / Professional	Location (City & State)	Dates (From / To)		Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational School	Location (City & State)	Dates (From / To)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Education / Training, Internships, etc.	Location (City & State)	Dates (From / To)		License / Certification <input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide a copy of College Diploma

EMPLOYMENT HISTORY → Do NOT state “See Resume”

Beginning with your present or most recent employment, list work experience gained during the past 10 years.
Include any periods of self-employment, U.S. military service, and any job-related volunteer experience.
If more than one position has been held with the same employer, list each position separately.

ALL SPACES MUST BE COMPLETED OR MARKED “N/A” (not applicable)

NOTE: A “RESUME” will not substitute for a completed Northampton County application unless the job posting so indicates.

Job Title		EMPLOYER			
Supervisor’s Name		Address:			
Supervisor’s Phone Number ()		Number of employees supervised by you:		City/State:	
Supervisor’s Phone Number ()		Number of employees supervised by you:		Employer’s Phone Number ()	
Start Date:		End Date:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Hours Per Week	
Duties: (Do NOT state “See Resume”)		Last Salary \$			

Reason for leaving or considering change:

Explain any gap in employment:

Job Title		EMPLOYER			
Supervisor’s Name		Address:			
Supervisor’s Phone Number ()		Number of employees supervised by you:		City/State:	
Supervisor’s Phone Number ()		Number of employees supervised by you:		Employer’s Phone Number ()	
Start Date:		End Date:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Hours Per Week	
Duties: (Do NOT state “See Resume”)		Last Salary \$			

Reason for leaving:

Explain any gap in employment:

EMPLOYMENT HISTORY CON'T.⇒ *Do NOT state "See Resume"*

Job Title		EMPLOYER			
Supervisor's Name		Address:			
		City/State:			
Supervisor's Phone Number ()	Number of employees supervised by you:	Employer's Phone Number ()	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Start Date:	End Date:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours Per Week	Last Salary \$	
Duties:					
Reason for leaving:					
Explain any gap in employment:					

Job Title		EMPLOYER			
Supervisor's Name		Address:			
		City/State:			
Supervisor's Phone Number ()	Number of employees supervised by you:	Employer's Phone Number ()	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Start Date:	End Date:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours Per Week	Last Salary \$	
Duties:					
Reason for leaving:					
Explain any gap in employment:					

REFERENCES

NAME	ADDRESS	PHONE
	Street:	
	City/State:	
	Street:	
	City/State:	
	Street:	
	City/State:	

- CONTINUATION SHEET -

If additional space is necessary, please copy and attach additional sheets.

ONLY INCLUDE COLLEGE DIPLOMA IF REQUESTED (Resume optional)

Job Title		EMPLOYER			
Supervisor's Name		Address:			
		City/State:			
Supervisor's Phone Number ()	Number of employees supervised by you:	Employer's Phone Number ()		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date:	End Date:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours Per Week	Last Salary \$	
Duties:					
Reason for leaving:					
Explain any gap in employment:					

ADDITIONAL INFORMATION

State any details or experience you feel may be helpful to us in considering your application.

***Thank you for your interest in working for Northampton County Local Government.
We wish you success in your job search!***

Applicant's Signature Page

(Application must be signed)

PLEASE READ CAREFULLY

I certify that I have provided true, accurate and complete information on this employment application to the best of my knowledge. In the event confirmation is needed in connection with my work:

- *I authorize Northampton County to contact and obtain information about me from previous employers, educational and "references" I have provided, and any other party necessary to verify the accuracy of information disclosed in this application. I expressly waive any right to review information the County receives from any employer(s) or educational institution under a promise of confidentiality.*
- *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 authorize the Northampton County Sheriff's Department to conduct a criminal history investigation and to release the information to the Human Resources Department.*
- *If offered a position, I understand that I will be required to drug/alcohol testing and a background check as a condition of employment and authorize inquiry into my driving record.*

UNSIGNED APPLICATIONS WILL NOT BE PROCESSED

SIGNATURE: _____

I fully understand and accept all terms in the above statement.

DATE _____

(Required)

Clearly PRINT Full Name: _____



Northampton County Is An Equal Opportunity Employer

And Hires Only U.S. Citizens And Lawfully Admitted Aliens

Northampton County Local Government Is A Drug-Free Workplace

***All Candidates Will Be Subject To
Background Checks/Drug Testing As A Condition Of Employment***

NORTHAMPTON COUNTY'S NON-DISCRIMINATION POLICY

It is Northampton County's policy that persons shall not be discriminated against in employment because of race, color, national origin, creed, religion, sex, age (40+), marital status, sexual orientation, or disability.

Northampton County values diversity and strives to have a diverse work force and is committed to Equal Employment Opportunities.

NORTHAMPTON COUNTY ACTIVELY ENCOURAGES MEMBERS OF DIVERSE COMMUNITIES TO APPLY.

THIS PAGE WILL BE DETACHED FROM YOUR APPLICATION AND KEPT FOR STATS DATA ONLY

Completion of the following data is voluntary for affirmative action purposes only. Information provided will be used for affirmative action purposes. **FAILURE TO SUPPLY THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT OR LATER ADVANCEMENT IN EMPLOYMENT.**

OPTIONAL: The data will be reported only as required in statistical summaries

ETHNIC CATEGORY - Select only one racial/ethnic group. Federal guidelines do not allow multiple racial/ethnic designations for affirmative action purposes:

- African American/Black: Persons having origins in any of the Black racial groups of Africa.
- Asian/Pacific Islander: Persons having origins in the original peoples of eastern Asian, southeast Asia, the Indian Subcontinent or the Pacific Island.
- Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture, regardless of race.
- Native American: Persons having origins in the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition, including Alaskan Natives.
- White/Caucasian: Persons having origins in any of the original peoples of Europe, North Africa, the Middle East, other than Hispanic.
- I choose to not identify.**

SEX: Male Female **AGE:** Under 18 20 – 30 31 – 39 Over 40 50+

NOTE: THE REPORTING OF A DISABILITY IS STRICTLY VOLUNTARY

DISABILITY - "Disability" means, with respect to an individual:

1. A physical or mental impairment that substantially limits one or more of the major life activities of such individual
2. A record of such an impairment
3. Being regarded as having such an impairment (Americans with Disabilities Act of 1990)

Individuals **without a disability** should check item A. Persons **with disabilities** who *do not wish* to report their disabilities should check item A. Information reported on this form 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.

- | | |
|---|---|
| <input type="checkbox"/> A. None / Prefer not to report | <input type="checkbox"/> G. Respiratory impairment |
| <input type="checkbox"/> B. Blind or severely visually impaired | <input type="checkbox"/> H. Nervous system/Neurological disorder |
| <input type="checkbox"/> C. Deaf or severely hearing impaired | <input type="checkbox"/> I. Mentally restored |
| <input type="checkbox"/> D. Loss or limited use of arms and/or hands | <input type="checkbox"/> J. Learning disability |
| <input type="checkbox"/> E. Non-ambulatory (must use wheelchair) | <input type="checkbox"/> K. Mental retardation |
| <input type="checkbox"/> F. Other orthopedic impairment (including amputation, arthritis, back injury cerebral palsy, etc.) | <input type="checkbox"/> L. Others (heart disease, diabetes, speech impairment) |
| | <input type="checkbox"/> M. Other - <i>please specify</i> _____ |