



NORTHAMPTON COUNTY **LOCAL GOVERNMENT**

APPLICATION FOR EMPLOYMENT

**APPLICATIONS MUST BE RECEIVED
BY 5 P.M. ON THE CLOSING DATE**

**You may apply at the HR Department
or a mailed application POSTMARKED
on the “closing date” will be accepted.**

CLOSING DATE DEADLINE

Applications may be submitted by
EMAIL to HR@NHCNC.NET or via
FAX at (252) 534-4483 only to
MEET THE DEADLINE;
however, the HR Department
must receive the original by mail
before it will be reviewed.

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

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

**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.

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.

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

(HR will accept an E-mail to HR@NHCNC.NET or FAX at (252) 534-4483 on the deadline date)

HR MUST RECEIVE THE ORIGINAL BY MAIL BEFORE THE APPLICATION WILL BE REVIEWED

POSITION: _____

Full-time

Date: _____

Part-time

			SS#: xxx-xx-
FIRST NAME	LAST NAME	M.I.	LAST 4 DIGITS

MAILING Address:

City: _____ State: _____ Zip: _____ COUNTY: _____

Home# () **Cell#** () **Alternate#** ()

DO YOU HAVE VOICEMAIL? YES NO

REFERRAL SOURCE: *How did you learn about this position?*

Bulletin Board Web Site Employee referral Friend/Word of Mouth Community agency Newspaper

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

Full-Time Part-Time

Have you ever been employed by Northampton County? YES NO

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

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

List machines/equipment you can operate: _____

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

GENERAL INFORMATION

1. Can you with or without reasonable accommodations perform the essential functions of this position? Yes No (1)

If NO, please explain what accommodations may allow you to perform the essential functions of the job.

2. Are you able to perform all the essential functions of the job position you applied for? If NO, please explain: Yes No (2)

3. Are you 18 years old (or older)? Yes No (3)

4. Do you currently have a valid **Driver's License**? Yes No (4)
License # _____ State _____

To conform to the Immigration Reform Act, Northampton County must verify your right to work in the U.S.

5. Are you a **United States** Citizen? Yes No (5)

6. If you are NOT a United States Citizen, can you provide documentation that **authorizes you to work** in the United States? Yes No (6)

7. Have you ever applied at Northampton County Local Government before? Yes No (7)
If YES, indicate what department and when:
Dept: _____ Year _____

8. Are you now or were you previously **related in any way** to a current County employee? Yes No (8)
If YES, what department does he/she work in: _____
Relationship (i.e., Mother, Sister, Spouse/Domestic partner): _____

9. Did you receive any of your education or employment experience under **another name**? Yes No (9)
If YES, please state: _____

NOTE:

A Conviction Will Not Necessarily Bar You From Employment And Will Be Considered Only If It Relates Reasonably To The Job Duties.

10. Have you been **convicted of a felony** within the past 10 years? Yes No (10)
If YES, state conviction: _____ =>
Year of conviction: _____

EMPLOYMENT HISTORY

Do NOT state “See Resume”

A “RESUME” WILL **NOT** SUBSTITUTE FOR A COMPLETED JOB APPLICATION.

List work experience gained during the past 10 years.

If more than one position has been held with the same employer, list each position separately.

Include any periods of self-employment, military service, and any job-related volunteer experience.

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

Job Title	EMPLOYER / NAME OF COMPANY =>		
Supervisor's Name	Address => City/State =>		
Number of employees supervised by you:	Phone Number ()	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date: (Month) _____ (Year) _____ End Date: (Month) _____ (Year) _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours Per Week	Current or Last Salary \$

JOB DUTIES (Do not state “See Resume”)

List any special equipment, computer software or specific training(s) used in this position:
Reason for leaving or considering a change:
Explain any gap in employment:

EMPLOYMENT

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

Job Title	EMPLOYER / NAME OF COMPANY =>		
Supervisor's Name	Address => City/State =>		
Number of employees supervised by you:	Phone Number ()	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date: (Month) _____ (Year) _____	<input type="checkbox"/> Full-time	Hours Per Week	Last Salary \$
End Date: (Month) _____ (Year) _____	<input type="checkbox"/> Part-time		

JOB DUTIES (Do not state "See Resume")

List any special equipment, computer software or specific training(s) used in this position:
--

Reason for leaving or considering a change:

Explain any gap in employment:
--

EMPLOYMENT

Copy this page to list additional years of employment

Job Title	EMPLOYER / NAME OF COMPANY =>		
Supervisor's Name	Address: => City / State: =>		
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: (Month) _____ (Year) _____ End Date: (Month) _____ (Year) _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours Per Week	Last Salary \$
JOB DUTIES (Do not state "See Resume")			
List any special equipment, computer software or specific training(s) used in this position:			
Reason for leaving or considering a change:			
Explain any gap in employment:			

EDUCATION / TRAINING

Provide a copy of the certificate or diploma, only if the position requires a college education, license, etc.

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)	Start (Mo/Yr):		Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
		End (Mo/Yr.):		
DEGREE TITLE		Year	Major	Credit Hours
College / University	Location (City & State)	Start (Mo/Yr):		Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
		End (Mo/Yr.):		
DEGREE TITLE		Year	Major	Credit Hours
Graduate / Professional	Location (City & State)	Start (Mo/Yr):		Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
		End (Mo/Yr.):		
DEGREE TITLE		Year	Major	Credit Hours
Vocational School	Location (City & State)	Start (Mo/Yr):		Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
		End (Mo/Yr.):		
FIELD/OCCUPATION/TRADE		Year	Type of Diploma	
Professional Licenses or Certifications	Type		Registration No	
	Issuing State	Exp. Date:	AGENCY	
Other Education/Training, etc.	Location (City & State)	Start (Mo/Yr):		Graduate or Certificate <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF SCHOOL / BUSINESS	Program or Course:	End (Mo/Yr.):		

Please list 3 references familiar with your work ethics.

NAME
Phone:
Cell:
City/State:

NAME
Phone:
Cell:
City/State:

NAME
Phone:
Cell:
City/State:

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 submit 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> _____ |