



# **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

*PLEASE NOTE: Northampton County only accepts applications for **current job openings**, please check for position vacancies via the County's website.*

**[WWW.NORTHAMPTONNC.COM](http://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, PO Box 367, Jackson, NC 27845

**DIRECTIONS:** Fill out **ALL SECTIONS COMPLETELY** and please print clearly or type the information requested. *Only completed and signed applications will be considered. The County must receive an application by 5:00 pm on the closing date posted to ensure consideration. If a position is posted as "open until filled," APPLY IMMEDIATELY.*

**NOTE:** The County will accept a FAX copy at (252) 534-4483.  
However, HR must receive an ORIGINAL before the application can be reviewed for the interview process.

Please list **ONLY one (1)** job opening per application

**Position Title:** \_\_\_\_\_  Full-time **Date:** \_\_\_\_\_  
 Part-time

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

**MAILING**

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

**REFERRAL SOURCE: How did you learn about this position?** Mark all boxes applicable from the list below.

Northampton sources:  Bulletin Boards  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/was 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 other specialized knowledge - abilities - skills or training:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**List any certification(s) or licensing you have that relate to the position:** \_\_\_\_\_  
 \_\_\_\_\_

**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. 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?  
If YES, indicate what department and when:  
Dept: \_\_\_\_\_ Year \_\_\_\_\_  Yes  No (5)
6. Are you now or were you previously related in any way to a current County employee?  
If YES, What department does he/she work in: \_\_\_\_\_  Yes  No (6)
7. Did you receive any of your education or employment experience under another name?  
If YES, please state: \_\_\_\_\_  Yes  No (7)
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 (Please provide your complete history)

High School / Equivalent (GED)	Location (City & State)	Year	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> G.E.D.
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)	Lid _____ on _____ <input type="checkbox"/> Yes <input type="checkbox"/> No

**NOTE: Please provide a copy of 2-year / 4-year College Diploma**



## EMPLOYMENT HISTORY CON'T.

**ATTACHMENTS - ONLY INCLUDE COLLEGE DIPLOMA** *(Resume optional)*

<b>Job Title</b>		<b>(3) Employer</b>		
Supervisor's Name		Address: City/State:		
Supervisor's Phone Number ( )	Number of employees supervised by you:	<b>Employer's Phone Number</b> ( )	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Employed (Mo. / Yr.)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours Per Week	Last Salary \$	
Duties:				
<b>Reason for leaving:</b>				
Explain any gap in employment:				

<b>Job Title</b>		<b>(4) Employer</b>		
Supervisor's Name		Address: City/State:		
Supervisor's Phone Number ( )	Number of employees supervised by you:	<b>Employer's Phone Number</b> ( )	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Employed (Mo. / Yr.)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours Per Week	Last Salary \$	
Duties:				
<b>Reason for leaving:</b>				
Explain any gap in employment:				

### **REFERENCES**

*Please list three references other than previous employers, supervisors or relatives.*

NAME	ADDRESS	PHONE
(1)		
(2)		
(3)		

**- CONTINUATION SHEET -**

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

<b>Job Title</b>		<b>(5) Employer</b>	
Supervisor's Name		Address:	
Supervisor's Phone Number ( )		City/State:	
Number of employees supervised by you:		<b>Employer's Phone Number</b> ( )	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates Employed (Mo. / Yr.)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hours Per Week	Last Salary \$

Duties:

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**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.*

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***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** \_\_\_\_\_

**Clearly PRINT Full Name:** \_\_\_\_\_

[HRD: 05/08]



**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> _____                 |