



EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

INSTRUCTIONS

- Fill out all sections **COMPLETELY** and to the best of your ability. **Unsigned or incomplete applications will not be considered.**
- A specific position title that is currently open and posted is required. **Applications missing position title in which you are applying will not be considered.**
- BEGINNING** with your current or most recent position, record your complete work history in the spaces provided. If additional space is needed, additional sheets containing the same information and in the same format are acceptable. Be sure to include military and related volunteer experience. Be sure to account for gaps in your employment history. **ALL SPACES MUST BE COMPLETED OR MARKED N/A (not applicable). "See attached resume" is NOT acceptable in the duties space.**
- Photocopied applications will be accepted but must have an **original signature and current date**.
- If a position is posted as "**Open Until Filled**," **APPLY IMMEDIATELY**.
- Applications must **be received by 5 pm on the closing date** posted to ensure consideration.
- Applications with a Resume may be mailed or hand delivered to:
Franklin County Government, 113 Market St, Louisburg, NC 27549, Located behind the Franklin County Court House.

NOTE: Resumes without an application will not be considered. Faxed applications will not be considered.

CURRENT INFORMATION

- (1) POSITION TITLE (in which you are applying): _____ DATE: _____
- (2) When will you be available for employment? (i.e. immediately, 2 weeks notice) _____
- (3) Are you seeking Full-time regular Part-time regular Temp./prefer regular Temporary Only
- (4) NAME: _____
(Title: Mr, Mrs, Miss) (First) (Middle) (Last) (Suffix: Sr, Jr, II, III)
- (5) ADDRESS: _____
Street Number & Street Name or P.O. Box City State Zip
- (6) HOME TEL # () _____ CELL PHONE # () _____
E-MAIL ADDRESS _____ (if applicable)
- (7) Are you 18 or older? Yes No If NO, what is your birth date? _____

GENERAL INFORMATION

If you need to explain any answer, use the space under EXPLANATIONS near the end of this application.

- (8) Apart from absences for religious observances, check conditions that you are willing to 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" |
- (9) Have you ever been employed with Franklin County Government? Yes No
If YES, what department and when: _____
- (10) Are you now or were you previously related in any way to a Franklin County Government employee? Yes No
If YES, give name, relationship and department: _____
- (11) Are you able to perform all the duties of the job you have applied for? Yes No
- (12) Are you an American citizen or do you currently have authorization to work in the U.S.? Yes No
- (13) Did you receive any of your education or employment experience under another name? Yes No
If YES, please explain under EXPLANATIONS.

EDUCATION

Provide your complete history

(14) Indicate highest school year completed: < = 11 GED High School Graduate Associates
 Bachelors Masters Other: _____

(15) Name of High School _____ City _____ State _____

Education Beyond High School	Name and Location	Attended From				Did You Graduate?	Credit Hours	Degree, Diploma, Certificate Earned or # of Yrs.	Major Minor
		Mo.	Yr.	Mo.	Yr.				
College(s) University(ies)						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate or Professional Schools						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Technical Institutes, Internship, Other						<input type="checkbox"/> Yes <input type="checkbox"/> No			

KNOWLEDGE, SKILLS & ABILITIES

(16) Indicate any knowledge, skills, or abilities you have that you feel are applicable to the position for which you are applying. Include skills with equipment or machines you can operate.

- Driver's license State/Number: _____ Class: _____
- Computer Skills: Word Excel PowerPoint Publisher Others: _____
- Keyboarding/Typing Specify WPM: _____
- Languages other than English Specify: _____
- Other: _____

REGISTRATIONS, LICENSES, CERTIFICATIONS

(17) List fields of work for which you have been registered, licensed or certified:

Registration: _____ State: _____ No: _____ Exp. Date: _____
 Registration: _____ State: _____ No: _____ Exp. Date: _____
 Other: _____

EMPLOYMENT

A. CURRENT OR MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date Employed _____ Date Separated _____
Employer or company _____ Telephone # (____) _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs ____ Mos ____ Part-time for: Yrs ____ Mos ____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

B. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date Employed _____ Date Separated _____
Employer or company _____ Telephone # (____) _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs ____ Mos ____ Part-time for: Yrs ____ Mos ____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

C. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date Employed _____ Date Separated _____
Employer or company _____ Telephone # (____) _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs ____ Mos ____ Part-time for: Yrs ____ Mos ____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

D. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date Employed _____ Date Separated _____
Employer or company _____ Telephone # (____) _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs ____ Mos ____ Part-time for: Yrs ____ Mos ____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

E. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date Employed _____ Date Separated _____
Employer or company _____ Telephone # (____) _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs ____ Mos ____ Part-time for: Yrs ____ Mos ____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

F. NEXT MOST RECENT EMPLOYMENT (or explain gap in employment)

JOB TITLE _____ Starting Salary _____ Last Salary _____
Date Employed _____ Date Separated _____
Employer or company _____ Telephone # (____) _____
Employer or company address _____
Name and Title of most current supervisor _____
Full-time for: Yrs ____ Mos ____ Part-time for: Yrs ____ Mos ____ # of employees supervised by you _____
If you worked part-time, the number of hours worked per week _____
DUTIES IN ORDER OF IMPORTANCE _____

REASON FOR LEAVING _____

(24) Have you had disciplinary action taken against you in the past 12 months? Yes No
If YES, explain under EXPLANATIONS. (A YES will not automatically disqualify you.)

(25) a.) Have you ever been dismissed or forced to resign from any job held? Yes No
b.) Were you dismissed or forced to resign for disciplinary reasons? Yes No
If YES to "a" or "b", explain under EXPLANATIONS. (A YES will not automatically disqualify you.)

(26) May we contact your present employer for reference prior to an interview (if granted)? Yes No
If you are not currently employed, please check here N/A (____). If NO, explain under EXPLANATIONS.

EXPLANATIONS

ITEM # _____
ITEM # _____
ITEM # _____
ITEM # _____

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 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 Franklin County; 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 also permit Franklin County to conduct a Criminal, Credit and Motor Vehicle Records Investigation of my background.**
- I understand that I must 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 understand and acknowledge that should I be employed by Franklin County, then I serve "at will". This means that I may be terminated at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically approved by the County Manager.

SIGNATURE _____ **DATE** _____

