

EMPLOYMENT APPLICATION



State of North Carolina
NOTE: Apply to the department listed on posting

An Equal Opportunity Employer, North Carolina - State Government
<http://www.oshr.nc.gov/jobs/index.html> (<http://www.oshr.nc.gov/jobs/index.html>)

Received:
For Official Use Only:
 QUAL: _____
 DNQ: _____
 Experience
 Training
 Other: _____

PERSONAL INFORMATION

POSITION TITLE:		Job Number:	
NAME: (Last, First, Middle)		Last Four Digits of Social Security Number:	
Former Last Name (if applicable):		Date And Month of Birth:	
ADDRESS: (Street, City, State/Province, Zip Code)			
HOME PHONE:		ALTERNATE PHONE:	
EMAIL ADDRESS:			
DRIVER'S LICENSE: <input type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE: State/Province: Number:	DRIVER'S LICENSE: Class:	LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No

PREFERENCES

WHAT IS YOUR MINIMUM COMPENSATION REQUIREMENT?	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
SHIFTS YOU WILL ACCEPT: Please check all that apply. <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> On Call (as needed)	
WHAT TYPE OF JOB ARE YOU LOOKING FOR? Please check all that apply. <input type="checkbox"/> Regular <input type="checkbox"/> Temporary	
TYPES OF WORK YOU WILL ACCEPT: Please check all that apply. <input type="checkbox"/> Permanent Full Time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Temporary Full Time <input type="checkbox"/> Temporary Part Time	
OBJECTIVE:	

EDUCATION

SCHOOL NAME:	SCHOOL TYPE: <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Graduate/Professional <input type="checkbox"/> Other (Vocational/Internship)	DATES ATTENDED:
LOCATION: (City, State/Province)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
MAJOR:		UNITS COMPLETED:
WEBSITE:		UNIT TYPE:
SCHOOL NAME:	SCHOOL TYPE: <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Graduate/Professional <input type="checkbox"/> Other (Vocational/Internship)	DATES ATTENDED:
LOCATION: (City, State/Province)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:

MAJOR:		UNITS COMPLETED:
WEBSITE:		UNIT TYPE:
SCHOOL NAME:	SCHOOL TYPE: <input type="checkbox"/> High School <input type="checkbox"/> College/University <input type="checkbox"/> Graduate/Professional <input type="checkbox"/> Other (Vocational/Internship)	DATES ATTENDED:
LOCATION: (City, State/Province)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE RECEIVED:
MAJOR:		UNITS COMPLETED:
WEBSITE:		UNIT TYPE:

WORK EXPERIENCE

DATES:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State/Province, Zip Code)		COMPANY URL:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	# OF EMPLOYEES SUPERVISED:	

DUTIES:

REASON FOR LEAVING:

DATES:	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State/Province, Zip Code)		COMPANY URL:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	# OF EMPLOYEES SUPERVISED:	

DUTIES:

REASON FOR LEAVING:

DATES:	EMPLOYER:	POSITION TITLE:
---------------	------------------	------------------------

ADDRESS: (Street, City, State/Province, Zip Code)		COMPANY URL:
PHONE NUMBER:	SUPERVISOR:	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No
HOURS PER WEEK:	# OF EMPLOYEES SUPERVISED:	
DUTIES:		
REASON FOR LEAVING:		

****Please use the PD107 Continuation Sheet for Additional Work Experience****

CERTIFICATES AND LICENSES	
TYPE:	
LICENSE NUMBER:	ISSUING AGENCY:

SKILLS	
OFFICE SKILLS:	

OTHER SKILLS:
LANGUAGE(S):

REFERENCES		
REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Street, City, State/Province, Zip Code)		
EMAIL ADDRESS:	PHONE NUMBER:	

REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Street, City, State/Province, Zip Code)		
EMAIL ADDRESS:	PHONE NUMBER:	

REFERENCE TYPE:	NAME:	POSITION:
ADDRESS: (Street, City, State/Province, Zip Code)		
EMAIL ADDRESS:	PHONE NUMBER:	

Agency - Wide Questions

1. Please provide the last 4 digits of your Social Security Number _____
2. Are you currently employed by the State of North Carolina?
 Yes No
3. If you answered "yes" to the previous question, please indicate the agency/university where you are currently working.

4. Are you related by blood or marriage to any person now working for the State?
 Yes No
5. If you answered "yes" to the previous question, please provide their name, relationship to you, and the agency where employed.

6. Are you a layoff candidate with the State of North Carolina eligible for RIF priority reemployment consideration as described by GS 126?
 Yes No
7. If you answered "yes" to the previous question, please indicate your date of written notification _____
8. Will you consider employment anywhere in North Carolina?
 Yes No
9. If you selected "no" to the previous question, please list the counties where you would be willing to work.

10. Are you the spouse of an active-duty service member or the spouse of a North Carolina National Guard member?
 Yes No

11. Where did you learn about this opportunity?

- OSHR website
- Agency website
- Professional Association Website
- Professional Association
- Professional Journal
- Friend/Colleague
- Social Media
- TV/Radio
- Employment Security Commission
- State of NC Career Expo
- Career Fair for Persons with Disabilities
- Military Event
- Employee Referral: Name _____
- Other

12. Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?

- Yes No

13. Do you wish to declare eligibility for Veterans Preference? If yes, please attach a copy of the DD-214. (If you answered "N/A" to the military service question, you do not need to answer this question.)

- Yes No

14. Do you wish to declare a service-connected disability? (If you answered "N/A" to the military service question, you do not need to answer this question.)

- Yes No

15. Do you wish to declare eligibility for veterans' preference as the surviving spouse or dependent of a deceased veteran who died for service-related reasons?

- Yes No

16. Do you wish to declare eligibility for veterans' preference as the spouse of a disabled veteran?

- Yes No

17. Please provide the entry and separation dates of your (or spouse's) qualifying active military service, branch of service, and rank.

18. If subject to Military Selective Service registration, certify compliance by indicating below.

- Subject to Military Selective Service and have complied
- Subject to Military Selective Service and have not complied
- Not subject to Military Selective Service Registration

19. Do you wish to declare eligibility for National Guard preference?

- Yes No

20. Are you a resident of North Carolina who is a current member in good standing of either the North Carolina Army National Guard or the North Carolina Air National Guard? If yes, please attach a copy of the NGB 23A (RPAS)

- Yes No

21. Are you a resident of North Carolina who is a former member of either the North Carolina Army National Guard or the North Carolina Air National Guard, who discharge is under honorable conditions with a minimum of six years of creditable services? If yes, please attach a copy of the DD256 or NGB 22.

- Yes No

22. Do you wish to declare eligibility for veterans' preference as the surviving spouse or dependent of a member of the North Carolina Army National Guard or the North Carolina Air National Guard who died on State active duty either directly or indirectly as a result of that service?

- Yes No

23. Do you wish to declare eligibility for veterans' preference as the surviving spouse or dependent of a member of the North Carolina National Guard who died for service-related reasons during peacetime?

- Yes No

By signing below, 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: GS 126-30, GS 14-122.1). I also understand that it is my responsibility to update my contact information should there be any changes in my name, address, phone number, or e-mail address.

This application was submitted by:

Signature _____

Date _____

Equal Opportunity Information

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age, genetic information, 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 not affect you as an applicant and is not forwarded to the hiring manager. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population. Answering the ethnicity question is optional. Birth date is required for correct input by our technicians of paper application content into our electronic application system, where birthdate is required in order to save the application.

This information will not be forwarded to the hiring manager

1. What is your gender

- Male Female

2. What is your ethnicity?

- White (Non-Hispanic/Latino)
 Black or African American (Non-Hispanic/Latino)
 Asian
 American Indian or Alaskan Native
 Native Hawaiian or Other Pacific Islander
 Two or More Races (Non-Hispanic/Latino)
 Hispanic/Latino

3. What is your date of birth? (xx/xx/xxxx)_____

4. What is your age range?

- Less than 20
 20-29
 30-39
 40-49
 50-59
 60-69
 70 or greater

**MCDOWELL COUNTY
DRUG SCREENING
THROUGH URINALYSIS
APPLICANT CONSENT FORM**

I, _____, understand that as part of the pre-employment process I am required to submit to a urinalysis drug screening. This is in accordance with the policy of McDowell County to maintain a workforce that is free of illegal drug abuse.

I do hereby voluntarily consent to the sampling and submission for testing of my urine for the purpose of screening for the presence of illegal drugs and/or an abusive level of prescribed medication. I understand that a positive result from this screening may be a condition of employment and may bar me from employment with McDowell County for a period of one year.

I authorize disclosure of the drug screen results by and between the testing laboratory, Medical Review Officer and the employing agency.

Name [print]

Signature

Social Security Number

Date

WOLFE REALITY CHECK CONSUMER REPORT and
INVESTIGATIVE CONSUMER REPORT DISCLOSURE
(FOR EMPLOYMENT PURPOSES)

In connection with your employment or application for employment (including contract for services) and continued employment with us and in accordance with applicable laws, a consumer reporting agency ("Agency") may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, Agency clients, personal references, personal interviews and other information suppliers (collectively, "Suppliers"), and any report of an interview between the Agency and you.

PART I - AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)

I hereby authorize Agency to receive information and disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize Agency and to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release Agency and Suppliers from all claims of damages related to the investigation of my background and provision of information as set forth in this disclosure and authorization. I agree that information in Agency's possession may be supplied by Agency for legally permissible purposes; provided, such information will not include the Drug and Alcohol information set forth above, unless I have given a separate specific consent for Agency to share such information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize Agency and any person or entity contacted by Agency to furnish the above mentioned information; and (vii) facsimile or photographic copies of this authorization are as valid as the original

I understand that if I do not consent, any offer of my employment or contract will be withdrawn. If hired failure to cooperate with you or Agency regarding a current or future report will be cause to terminate my employment or contract.

Date of Birth: _____ Social Security #: _____

LEGAL Printed Name: _____ Applicant Signature: _____

Address: _____

Driver's License STATE & #: _____

Today's Date: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-800-XXX-XXXX.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>

McDowell County
Pre-Hire Job Reference Requirements

If you are one of our finalists for a position, Human Resources will require professional and qualitative references from your current employer, direct supervisor or previous employers before an offer may be extended. Employers often require current/former employees to sign releases to allow references to be given. It is your responsibility to ensure you have completed the required steps to allow employer(s), to provide reference to McDowell County.

APPLICANT'S PERMISSION TO REQUEST PERFORMANCE INFORMATION FROM CURRENT AND PREVIOUS EMPLOYERS

I, _____, authorize McDowell County to request job performance information from the organizations and individuals listed below. This information may include my suitability for re-employment with the agency; my skills, abilities, and traits as they may relate to my suitability for future employment; and the reason for my separation. I understand that I am responsible for completing any paperwork/process necessary to allow this information to be provided to McDowell County.

<u>Employers</u>	<u>Direct Supervisor and Telephone Number</u>
_____	_____
_____	_____
_____	_____

Please contact me prior to requesting references from the agencies/persons listed above ___ Yes ___ No

Applicants Signature

Date

Applicants who are local or state government employees should be aware that North Carolina law allows their employers to release certain information about their job history and job performance to a prospective employer.

153A-98. Privacy of employee personnel records.

- (a) Notwithstanding the provision of G.S. 132-6 or any other general law or local act concerning access to public records, personnel files of employees, former employees, or applicants for employment maintained by a county subject to inspection and may be disclosed only as provided by this section. For purposes of this section employee's personnel file consists of any information in any form gathered by the county with respect to the employee and, by way of illustration by not limitation, relating to their application, selection or non-selection, performance, promotions, demotions, transfers suspension and other disciplinary actions, evaluation forms, leave, salary, and termination of employment. As used in this section, "employee" includes former employees of the county.
- (b) The following information with respect to each county employee is a matter of public record.
 - (i) Name.
 - (ii) Age.
 - (iii) Date of original employment or appointment to the county service.

- (iv) The terms of any contract by which the employee is employed whether written, oral, past and current, to the extent that the county has the written contract or a record of the oral contract in its possession.
- (v) Current position.
- (vi) Title.
- (vii) Current salary.
- (viii) Date and amount of each increase or decrease in salary with that county.
- (ix) Date and type of each promotion, demotion, transfer, suspension, separation or other change in position or classification with that county.
- (x) Date and general description of the reasons for each promotion within that county.
- (xi) Date and type of each dismissal, suspension, or demotion for disciplinary reasons taken by the county. If disciplinary action was a dismissal, a copy of the written notice of the final decision of the county setting forth the specific acts or omissions that are the bases of the dismissal.