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: ☐Yes ☐No	**DRIVER'S LICENSE:** **State/Province:** **Number:**	**DRIVER'S LICENSE:** **Class:**	**LEGAL RIGHT TO WORK IN THE UNITED STATES?** ☐Yes ☐No

PREFERENCES

WHAT IS YOUR MINIMUM COMPENSATION REQUIREMENT?	**ARE YOU WILLING TO RELOCATE?** ☐Yes ☐No ☐Maybe

SHIFTS YOU WILL ACCEPT: Please check all that apply.
☐ Day ☐ Evening ☐ Night ☐ Rotating ☐ Weekends ☐ On Call (as needed)

WHAT TYPE OF JOB ARE YOU LOOKING FOR? Please check all that apply.
☐ Regular ☐ Temporary

TYPES OF WORK YOU WILL ACCEPT: Please check all that apply.
☐ Permanent Full Time ☐ Permanent Part Time ☐ Temporary Full Time ☐ Temporary Part Time

OBJECTIVE:

EDUCATION

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

SCHOOL NAME:	**SCHOOL TYPE:** ☐ **High School** ☐ **College/University** ☐ **Graduate/Professional** ☐ **Other (Vocational/Internship)**	**DATES ATTENDED:**
LOCATION: (City, State/Province)	**DID YOU GRADUATE?** ☐Yes ☐No	**DEGREE RECEIVED:**

MAJOR:	**UNITS COMPLETED:**
WEBSITE:	**UNIT TYPE:**

SCHOOL NAME:	**SCHOOL TYPE:** ☐ **High School** ☐ **College/University** ☐ **Graduate/Professional** ☐ **Other (Vocational/Internship)**	**DATES ATTENDED:**
LOCATION: (City, State/Province)	**DID YOU GRADUATE?** ☐Yes ☐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?** ☐Yes ☐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?** ☐Yes ☐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?** ☐Yes ☐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